है, कम से कम यह सरकार निजीकरण से निवृत्त रहे और हमारे राज्य के भुवनेश्वर में जो गवर्नमेंट ऑफ इंडिया की प्रेस है, जो अरबन डेवलेपमेंट डिपार्टमेंट के अधीन है, उस प्रेस को बेचने की कोशिश न की जाये।

MR. DEPUTY CHAIRMAN: Now, we take up the Calling Attention. Miss Anusuiya Uikey to call the attention of the hon. Minister.

CALLING ATTENTION TO THE MATTER OF URGENT PUBLIC IMPORTANCE

Rampant Female Foeticide and the Resultant Imbalance in Sex Ratio in the Country

सुश्री अनुसुइया उइके (मध्य प्रदेश): उपसभापति जी, मैं आपकी अनुमति से स्वास्थ्य एवं परिवार कल्याण मंत्री जी का ध्यान तेजी से बढ़ती कन्या भ्रूण हत्या और उसके परिणामस्वरूप देश में लिंग अनुपात में हो रहे असंतुलन की तरफ आकृष्ट करना चाहती हूं।

THE MINISTER OF HEALTH & FAMILY WELFARE: (DR. ANBUMANI RAMDOSS): Sir, sex ratio (number of females per thousand males) is one the most important indicator used for study of population characteristics. Declining trend in sex ratio has been a matter of concern for all in the country. Sex ratio in India has declined over the country from 972 in 1901 to 927 in 1991. The sex ratio has since gone up to 933 in 2001.

In contrast the child sex ratio for the age group of 0-6 years in 2001 is 927 girls per thousand boys against 945 recorded in 1991 Census. The encouraging trend in the sex ratio during 1991-2001 was marred by the decline of 18 points in the sex ratio of children aged 6 years or below. The Census 2001 figures further reveal that the child sex ratio is comparatively lower in the affluent regions, *i.e.*, Punjab (798), Haryana (819), Chandigarh (845), Delhi (868), Gujarat (883) and Himachal Pradesh (896).

Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population. The last, but not the least, may be the latest trend of having preference for a small family of one son and one daughter. Easy availability of the sex determination tests and abortion services may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

Sex determination techniques have been in use in India since 1975 primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent abortions if the foetus was found to be female. Invariably the person who seeks the illegal service and the service provider, both are in agreement to defeat/circumvent the provisions of the law. Unlike in other cases, both the parties are gainers in this matter. On the one hand, the people are able to get rid of the foetus of unwanted sex and on the other, the service providers are benefited financially. Non-availability of evidence/ witness is therefore the main hindrance in the way of punishing errant doctors unless they are caught red-handed.

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, ws brought into operation from 1st January, 1996. The pre-natal Diagnostic Techniques (Regulation and Prevnetion of Misuse) Act, 1994 has since been amended to make it more comprehensive. The amended Act and Rules came into force with effect from 14.2.2003 and the PNDT Act has been renamed as "Pre-conception and Pre-Natal diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" to make it more comprehensible.

The technique of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contributed to the declining sex ratio. Use of ultrasound machines has also been brought withn the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus lest it should lead to female foeticide. The Central Supervisory Board (CSB) constituted under the Chairmanship of Minister for Health and Family has been further empowered for monitoring the implementation of the Act. State level Supervisory Boards in the line of the CSB constituted at the Centre has been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority has been made a multi member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act so as to serve as a deterrent for minimizing violations of the Act: Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain

proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

Ministry of Health and Family Welfare has taken number of steps for the implementation of the Act and directions of the Supreme Court.

National Inspection and Monitoring Committee (NIMC): A National Monitoring and Inspection Committee have been constituted at the Centre to take stock of the ground realities by field visits to the problem States. The Committee visits vulnerable States/districts and submit the report to the Central Supervisory Board (CSB) and the concerned State authorities. It also monitors the prosecutions launched against un-bodies and bodies violating provisions of the Act/Rules and directions of the Supreme Court of India in the matter. The Committee has been reconstituted in March, 2005 and representatives from National Commission for Women and Department of Women and Child Development have been included in the Committee. The Committee has visited number of districts in the States of Haryana, Punjab, Maharashtra, Uttar Pradesh, Himachal Pradesh, West Bengal, Andhra Pradesh, Karnataka, Gujarat and NCT of Delhi, during 2005-06.

National Support and Monitoring Cell: A 'National Support and Monitoring Cell' with external assistance has been approved for effective implementation of the Act by appointing professionals from police, medical law and social sciences as full time consultants is on the anvil. Initially, the Cell will focus on Punjab, Haryana, Gujarat, Chandigarh and Delhi where the problem is more intensive. The major expectation is that the cell will help in putting a mechanism in place so that actual wrong doers who are committing female foeticide/abetting female foeticide by are apprehended by the Appropriate Authorities. They are expected to network with the Appropriate Authorities/medical officers in the State and step up successful "sting operations" by the Appropriate Authorities to nab the actual wrong doers.

Sensitization of the Appropriate Authorities: The Act emowers the Appropriate Authorities for search, seizure and sealing of machines, equipments and records. Training programmes and sensitization workshops

have, therefore, been organized to sensitize these Appropriate Authorities on an ongoing basis on various legal issues for the effective Implementation of the provisions of the Act and to remove the doubts. A handbook on the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (revised edition) released on 17th February, 2003 has been made available to the Appropriate Authorities.

Sensitization of the Medical Community: Ministry of Health and Family Welfare has co-sponsored the December, 2003 issue of Journal of Indian Medical Association on the law and related issues. An appeal from the Secretary, Department of Family Welfare has also been published in this issue, requesting the doctor community to restrain from pre-natal sex determination and pre conception sex selection. The Journal has a wide circulation of about 1.2 lakh medical professionals.

State/UTs and Appropriate Authorities appointed under the Act are continuously arranging meetings with the representatives of Medical Associations like IMA, for the proper implementation of the Act.

A special edition of this Department's News Letter of April, 2003 was issued on amendment to the Act & Rules. This Newsletter, which has a wide circulation, sent to all health centres in the country and NGOs.

Sale of Ultrasound Machines: The pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 regulate the sale of ultrasound machines only to the bodies registered under the Act. Ministry of Health and Family Welfare issued advertisement in various newspapers all over the country about the amendments made in the PNDT Act regulating sale of ultra-sound machines/imaging machines to clinics registered under the Act for the information of doctors and manufacturers of such machines.

Reports are received from the manufacturers of the ultrasound machines about the details of clinics/doctors to whom the machines have been sold, so that a check could be kept on the use of these machines by the Appropriate Authorities.

Awareness Generation: It is, nevertheless, recognized that mere legislation is not enough to deal with this problem that has roots in social behavior and prejudices. Various activities have been undertaken to create awareness against the practice of pre-natal determination of sex and

female foeticide through Radio, Television, and print media units. Workshops and seminars are also organized through Voluntary Organizations at State/ regional/district/block levels to create awareness against this social evil. Cooperation has also been sought from religious/spiritual leaders, as well as medical fraternity to curb this practice.

The situation could change only when the daughters are not treated as burdern and the sons as assets and start treating daughters at par with sons. Equal opportunity for the girls in education, equal right in the property etc. will be essential to accomplish the desired objective.

The Government of India has launched 'Save the Girls Child Campaign' with a view to lessen son preference by highlighting achievements of young girls. Theme of the tableau of the Department of Family Welfare shown in Republic Day parade 2004 was 'save the girl child'. During 2003-04, Sania Mirza was the brand ambassador for the 'Save the Girl Child Campaign' CBSC topper Ms. Aruna Keasavan has been appointed as the brand ambassador for the Governments. 'Save the Girl campaign' 2004-05. Ms. Joshna Chinnappam Jr. and Sr. National and Asian Squash champion is the brand Ambassador for 2005-06.

With the massive efforts started to implement the Act in its true spirit and the simultaneous awareness generation activities on the issue of girl child and female foeticide, the overall scenario is expected to move towards improvement. Publications

(i) Brochure titled 'Missing': Brochure titled 'Missing', (November, 2003) showing maps exhibiting areas of adverse child sex ratio in India was released by the Hon. Minister for Health and Family Welfare.

(ii) Handbook on PNDT Act & Handbook on PNDT Act 1994 and amendments (revised edition) has also been released on 17th February, 2003. It gives complete act and rules including the amended portion. Copies of the same have been sent to all State Governments and Appropriate Authorities. The Act and the Rules including amendments made to the Act and Rules have been put on the website of the Department for the use of general public.

(iii) Annual Report, 2005; Annual Report on implementation of the PC & PNDT Act has been published. A Copy of the Annual Report is enclosed.

1.00 P.M.

Training of Judiciary: With a view to sensitize the judiciary, services of National Judicial Academy, Bhopal, were taken during 2005-06. The National Judicial Academy provided training to trainers from the state judicial academies who in turn will provide training to the judiciary in the area under their jurisdiction. The training of trainers took place in September 2005.

Frequently Asked Questions: The Ministry of Health and Family Welfare, in collaboration with the United Nations Population Fund (UNFPA), are developing "frequently asked questions" about the PNDT Act which will be useful to the lay persons, medical community and to the Appropriate Authorities in understanding the provisions of the Act for better implementation.

Involvement of District Magistrateds: District Magistrates have been requested to regularly review the implementation of the PC & PNDT Act along with other programmes in their district.

MR. DEPUTY CHAIRMAN: Hon. Members, since this is the first Calling Attention we are taking up in this Session, I would like to read the rules of Calling Attention. "A Member who initiates a Calling Attention may not take more than seven minutes and other Members who are called by the Chairman should not take more than five minutes each and should restrict themselves strictly to seeking clarifications on the Calling Attention." Firstly, this is only a clarification. It is not a debate. Secondly, "where Calling Attention notice stands in the name of a number of members, in choosing Members who desire to seek clarifications the next principle is party/group. After exhausting the parties/groups, whose Members have given the notice by calling one Member from each party/group." So, those who have given the notice of different parties, they can change the Member but afterwards each one Member from one Party only can participate. I think if you follow these rules our debate will be quite lively.

सुश्री अनुसुइया उइके (मध्य प्रदेश): उपसभापति जी, मैंने मंत्री जा का वक्तव्य ध्यान से सुना है। मैं आपके माध्यम से मंत्री जी से निवेदन करना चाहती हूं कि वर्ष 2001 की जनगणना के अनुसार प्रति एक हजार पुरुषों पर मात्र 927 महिलाएं आंकी गई हैं।

[उपसभाध्यक्ष (प्रो. पी.जे. कुरियन) पीठासीन हुए।]

उपसभाध्यक्ष महोदय, लिंग अनुपात की इस भयंकर खाई ने केवल मानव जनसंख्या के क्षेत्र में

उथल-पुथल मचा दी, बल्कि भारत की महान परंपरा, जिसमें नारी को देवी कहा जाता है, उसे भी कलंकित किया है। यह प्राकृतिक कारणों से स्त्री-पुरुष के बीच घटता -बढ़ता अनुपात नहीं है, बल्कि देश में अंधाधुंध रूप से, वैध और अवैध तरीकों से चल रहे ultrasound clinics का षडयंत्र है।। पूरे भारत में 25,000 ultrasound clinics चल रहे हैं, जहां, गर्भ में भ्रूण की आनुवंशिक विसंगति देखे जाने की व्यवस्था है, लेकिन आज पुत्र की लालसा में माता-पिता गर्भस्थ शिशु का गर्भ परीक्षण कराते हैं और गर्भ पूर्व लिंग परीक्षण करके, पेट में पल रहे शिशु का कत्ल हो रहा है।

उपसभाध्यक्ष महोदय, सामाजिक असुरक्षा के चलते, आज महिलाएं घर, परिवार, समाज में सुरक्षित नहीं हैं, लेकिन दु:ख इस बात का है कि आज वे कोख में भी सुरक्षित नहीं हैं। वह बच्चा, अगर कहीं अपने आपको सबसे ज्यादा सुरक्षित मानता है, तो वह मां का गर्भ है। मां की कोख आज कसाईखाना बन गई है। औरत पर हो रही हिंसा, आज गर्भ तक जा पहुंची है, लेकिन सरकार इसको रोकने के लिए कोई कारगर कदम नहीं उठा रही है।

उपसभाध्यक्ष महोदय, मैं आपको बताना चाहती हूं कि मैं स्वयं राष्ट्रीय महिला आयोग की सदस्या थी और हमने आयोग के माध्यम से देश भर में कन्या भ्रूण हत्या के बारे में काफी चर्चाएं और कार्यशालाएं कीं और समय-समय पर, हमने सरकार को इसके बारे में अपनी सिफारिशें भी भेजीं, लेकिन मुझे बड़े दु:ख के साथ कहना पड़ रहा है कि सरकार को इस विषय को जितनी गंभीरता से लेना चाहिए था, उन्होंने इसे उतनी गंभीरता से नहीं लिया। भारत सरकार द्वारा गर्भ लिंग परीक्षण अधिनियम, 1994 में लागू किया गया था। सन् 1991 की जनगणना के अनुसार स्त्री-पुरुष का लिंग अनुपात प्रति एक हजार पुरुषों पर मात्र 942 रह गया था। 1996 में PNDT Act को संशोधित करके पुन: लागू किया गया। कहने को यह परीक्षण, गर्भस्थ शिशु में आनुवंशिक रोगों की पहचान करने के लिए बनाया गया था लेकिन इसका निरन्तर दुरुपयोग, गर्भ में पल रहे शिशु के लिंग परीक्षण के लिए किया गया और 1991 में प्रति एक हजार पुरुषों पर जहां स्त्रियों की संख्या 942 थी, वह 2001 में घटकर मात्र 927 रह गई।

उपसभाध्यक्ष महोदय,सोचिए कि प्रति एक हजार पुरुषों पर स्त्रियों की संख्या में निरंतर हो रही कमी कहां तक जाएगी? United Nations Population Fund के अनुसार भारत मे 3.5 मिलियन लड़कियों की कमी है, अर्थात् 3 करोड़, 5 लाख लड़कियां कहां गायब हो गईं? विशेषज्ञों का मानना है कि यदि ऐसा ही होता रहा, तो यह आंकड़ा 50 मिलियन तक पहुंच जाएंगा। देश को इस स्थिति तक पहुंचाने के लिए अक्सर पिछड़े क्षेत्रों को दोष दिया जाता है, लेकिन सच्चाई यह है कि कन्याओं को पेट में ही मारने में सबसे आगे यदि कोई है, तो वे संपन्न प्रदेश ही हैं, जिनमें प्रमुख रूप से पंजाब है, जहां प्रति हजार पुरुषों पर मात्र 793 महिलाएं है, हरियाणा में यह संख्या 820 है, देश की राजधानी दिल्ली में यह संख्या मात्र 865 है, महाराष्ट्र में यह संख्या 917 है और गुजरात में

यह संख्या मात्र 828 है। यही नहीं, हरियाणा और पंजाब के अधिकांश जिलों में लड़कियों की संख्या 750 से 800 बीच में है। ऐसी स्थिति में भारत की स्त्रियों का क्या भविष्य है? क्या फिर से महाभारत का युद्ध प्रारम्भ होगा? क्या औरतों पर बलात्कार और अपहरण जैसे सामाजिक अत्याचार नहीं बढ़ेंगे? सभी भाइयों की एक पत्नी होगी और हजारों-लाखों युवक कुंवारे रह जाएंगे। हम पत्र-पत्रिकाओं में पढ़ते हैं कि हरियाणा में लड़कियों की कमी की वजह से आज आसाम इत्यादि प्रदेशों से बहुएं खरीदी जा रही हैं। क्या यह स्थिति पूरे देश में नहीं हो जाएगी? महोदय, मैं आपके माध्यम से सदन से यह अनुरोध करना चाहती हूं कि कन्याओं को पेट में मारने वालों के लिए सख्त दंडात्मक कार्रवाई हो, चाहे वे माता-पिता हों, चाहे डाक्टर, नर्स अथवा अल्ट्रासाउंड रूम के मालिक हों। गर्भावस्था में पल रही कन्या को मारने वालों पर हत्या का मुकदमा चलना चाहिए। महोदय, देश के शेष राज्यों को पंजाब व हरियाणा बनने से बचाने के लिए दीर्घकालीन योजना बने, जिससे लड़कियों का भविष्य सुरक्षित हो। 1972 की गर्भपात नीति पर पुनर्विचार किया जाए। महोदय, यह तथ्य ध्यान देने योग्य है कि करोड़ों की संख्या में हो रही कन्या भ्रूण हत्याओं के बावजूद आज तक कोई भी पीएनडीटी अधिनियम के अंतर्गत दंडित नहीं हुआ है। इसका अर्थ यह हुआ कि कानून में कहीं-न-कहीं ढिलाई है अथवा अल्ट्रासाउंड क्लिनिक और गर्भपात केन्द्र प्रशासन की छत्रछाया में चल रहे हैं। महोदय, मेरा सुझाव है कि इसके लिए सामाजिक क्रांति लानी होगी, लोगों को जागरूक करना होगा। मात्र कानून बना देने से समस्या का समाधान नहीं हो सकता।

महोदय, आज कन्या मात्र होने वाली मां नहीं, बल्कि देश की आने वाली पीढ़ियों के बीच की एक कड़ी है। यदि यह कड़ी टूट गई, तो क्या हम अपनी संस्कृति को बचा पाएंगे? माननीय उपसभाध्यक्ष महोदय, मैं आपकी अनुमति से सदन के सभी सांसदगण से अनुरोध करना चाहूंगी कि वे भी अपने-अपने क्षेत्र में इस जघन्य अपराध के विरोध में जन-जागरण कर लोगों में जागरूकता पैदा करें, तभी हम इस भ्रूण हत्या से कन्या को बचा सकते हैं। इन्हीं शब्दों के साथ, मैं अपनी बात को समाप्त करती हूं। माननीय उपसभाध्यक्ष महोदय, मैं आज पहली बार बोल रही थी, आपने मुझे समय दिया, इसके लिए आपका धन्यवाद। मेरी नेता माननीय सुषमा स्वराज जी, जिन्होंने बोलने के लिए मेरा उत्साहवर्द्धन किया और मुझे अनुमति दी, इसके लिए उनका भी धन्यवाद। जय हिन्द।

श्रीमती वृंदा कारत (पश्चिमी बंगाल) : थैंक्यू सर। मैं पहले अपनी बहन अनुसुइया जी को बधाई देना चाहती हूं, मुबारकवाद देना चाहती हूं कि उन्होंने इतने अच्छे तरीके से अपनी बातों को पेश किया। मैं उनकी बातों से सहमति जताते हुए एक बात जरूर कहूंगी कि आपने गर्भपात की जो बात की, मैं उससे सहमत नहीं हूं, क्योंकि भारतीय महिलाओं का जो गर्भपात का अधिकार है, उस गर्भपात के अधिकार का कन्या भ्रूण हत्या के अपराध के साथ दूर से भी कोई रिश्ता नहीं है। गर्भपात का अधिकार एक औरत के अपने शरीर पर पूरे अधिकार का एक हिस्सा है। बहुत संघर्षों के बाद हम लोगों ने इस अधिकार को पाया है। आज अमेरिका की औरतें इस अधिकार के लिए लड़ रही

हैं। इस बारे में भारत बहुत आगे है। इस गर्भपात के अधिकार को इसके साथ न जोड़ा जाए। बाकी तमाम सवालों से मैं सहमत हूं।

Sir, I have very carefully gone through the statement of the Minister. While I appreciate the spirit of his written reply, I am very sorry to say that on the three points, on which he has sought to address the issue of concern, we are not satisfied. There are three aspects-- one, the enormity of the crime; two, the reasons for the crime; and three, the steps that are being taken by the Government to prevent such crimes. I am afraid to say that whereas he has given some figures pertaining to Census, which we all know, what we would have really liked the Minister to say, Sir, is to bring to the attention of the House, through you, and through the House to the general public in India as to the most alarming increase in the rates of the dropage of sex ratio. That is what is really of concern. For example, for Delhi, he has quoted the figures of 2001. The Minister will be aware that in January, 2006 an analysis of registration at birth in hospitals in Delhi—they say that 93 per cent of all births in Delhi are registered—reveals, he will be shocked to hear, that whereas the Census has given 868 girls per 1000 boys in Delhi population in 2001; in 2005, it is reported that it has dropped by 52 points in four years! It is, now, just 813. What is of concern is that in 1999-2001, you had no districts where the sex-ratio was less than 800; but, today, you have 14 districts, in the country, where the sex ratio is below 800. You have 31 districts, in the country, where the sex-ratio is below 850. And, that sex-ratio, instead of going up is going down. What is actually of concern is that the decline is sex-ratio, in spite of the laws, from 1994 to 2006, is extremely steep. Generally, in a society once the sex-ratio goes down below 950 it is a red alert for that Government and society. You will be shocked, Sir, today, in India, over 50 per cent, nay, 60 per cent of districts in this country are below the red alert of 950. In fact, if you can have 950 girls for 1000 boys, it is considered a very good situation. In fact, Sir, what is a matter of extreme concern is that this declining sex ratio is not taken by the Government for a 'national mission' to take action against it. And, unfortunately, the statement of the Minister very clearly shows that. My second point is, what are the reasons for it? I am really surprised about this statement. Everybody knows that one of the major reasons for this is dowry. The organization, with which I work, the All-India Democratic Women's Association has done a survey. सर, हम लोगों ने 18 प्रदेशों में सर्वे किया है। उस सर्वेक्षण में पता चला कि जहां-जहां आज दहेज का मामला है, कोई जाति, कोई वर्ग,

कोई क्षेत्र, कोई रीजन हो–जहां पहले ब्राइड प्राइस होती थी, आज वह बदलकर डावरि हो गयी है और हम यह कहते हैं कि where there is dowry, like a black shadow, sex determination tests follow. Today the misuse of the technology has gone to the extent that there are mobile ultrasound meachines being taken to the most remote areas. We cannot send water; we cannot send electricity; we cannot meet the needs of the poor people in the remote areas, but, today, ultrasound machines for sex determination, are reaching in the remotest areas of the country, and the Government seems completely unaware of it. Another reason for it is the culture of daughter-dispreference. It is no longer just son-preference, today, we are in a culture where there is active daughter-dispreference. Who is following this culture? I am very sorry to say that it is the educated people, it is the literate people, it is well-off people, it is the propertied people who are following this culture. In fact, today, because of scare of property loss in this country, combined with this whole question of daughter-dispreference culture, what we find is the question if you do not have a son the property is going to be inherited by whom. Therefore, the question then comes, destroy the female foetus. In that connection, this point, which is being made by the Minister in his statement, may be the latest trend of having preference of small family of one son or one daughter. I welcome this statement to the extent that, unfortunately, this country, today, does have a fetish about population control. In fact, the hon. Minister's own Ministry is one of the nodal agencies which wanted to change the National Rural Health Mission into a mission just to be used for population control. And, it is the intervention of women's organizations and health activitists who prevented it. So, in a way, I am very happy that this Statement has come here. I hope, this statement will be used as a basis to change the course of population control policy, which is being pursued by his Ministry because it is a fact that if you talk only about small families, if you talk only about population control, and you do not see that propagating two-child norm without ensuring that you have mechanism in place to prevent sex determination, you are going to have the increasing elimination of girl child in the name of population control.

The third and the most important point is, along with this, unfortunately, the Minister in his statement has completely ignored the social consequences of this. My sister, Anusuiyaji, has very correctly pointed out the disastrous social consequences. We have done a survey in three States of Haryana, Punjab and Rajasthan. We were absolutely shocked; in 21 households in two districts of Rajasthan, we found 'bought wives',

खरीदी हुई औरतें अभी एक नया शब्द आ गया है-bought wives. वे कहते हैं कि ये bought wives हैं। राजस्थान में हैं-पारो। यह कौन है? यह पारो है। पारो का मतलब-यमुना पार। जो यमुना पार से आई हैं, वे पारो हैं। कौन हैं पारो? These are the women who have been bought. And what is their status in those villages? They are slave women, exploited, sexually abused and used as commodities. This is going to be the social consequence of the elimination of the female foetus if this Government is not going to consider this as a national disaster. I say that female foeticide going on in this country today is nothing less than a national disaster. And, unfortunately, it is a fact that this national disaster is not recognised as a disaster, it is left to the women's organisations to fight it. Today there is a big demonstration of women's organisation outside this House because it is the World health day today, to draw the attention of the Government to this. So, this is the most important point, Sir, that is, the social consequences of the elimination of the female foetus.

And the worst part, I would say the most unsatisfactory part of the hon. Health Minister's statement is that he has not shared with the House what action have the Central Supervisory Board and the appropriate authorities which have been set up by his Ministry taken. Sir, you will be shocked to hear that there has been an elimination of 40 lakh girl children since 1994. And, if you ask how many doctors have been convicted, how many convictions have been there under the PC and PADT Act, there has been only one conviction. Just one conviction! And in that one conviction, the hon. judge thought it fit to allow the doctor to go out on probation, so he is out on probation. Now, just two months ago in Haryana, one more doctor and his assistant have been convicted. When I asked the Ministry question, they have given me an answer that in the last 20 years when the female foetus were being eliminated, in the entire country, there are only 383 cases under the PNDT Act. Out of these 383 cases, Sir, the large number of cases are not actually against female foetus elimination, but they are concerning non-registration of ultrasound clinics. When they are taken up in the court, only a small fine is levied. They register and start it off again. In so many cases, we have produced *prima facie* evidence. Now there is a television channel, I want to thank them for their help in this regard. They have got 140 doctors on-camera who have done a sex determination test. Out of these 140 doctors on-camera who have done the test and who have told the people concerned illegally what the sex of the foetus is, they have shown 24 cases in which actually abortions have

also been done by the same people. It is in Rajasthan, Punjab, Haryana and Madhya Pradesh. So, here is an example of what the Govenrment and the State Governments are doing. I know the Minister would say it is up to the State Govenrments. I agree that it is up to the State Governments. We went to the Rajasthan Govenrment--I do not want to take any one particular name and make this a political issue-- I am saying we went to the Government just day-before-yesterday; the Health Minister said that we have to have a further inquiry, we have to have a further investigation and they have registered a case against the journalist for doing the sting operation in the first place. This is the kind of attitude. This is the attitude where there is *prima facie* evidence against the doctors. I know Dr. Ramdoss has very good relations with the medical fraternity being a member of the medical fraternity himself. But, can we expect Dr. Ramdoss, the Health Minister to use his office and his good relations with the medical fraternity to either persuade them to prevent such crimes from happening, or, in the absence of that, if they do not listen to the persuasion, to ensure criminal action is taken against them. I agree that it is not just a criminal question; it is a social question also. But in the first instance, unless you punish the delinquent doctors who today have a 500-crore business in the elimination of the female foetus in this country, I believe, the Health Ministry is not doing its job. And, along with that, Sir, I am constrained to bring before this House the shocking fact that the Medical Council of India, has not changed its rules to allow for deregistration of doctors, who have been involved in female foetus elimination. Today, in the Medical Council rules, they have a clause which is, actually, against a law passed by Parliament. According to that clause, unless it is proved that a doctor has done a sex determination test with the intent of aborting the female foetus, it is not reason for him or her to be deregistered. What does it mean? Who is going to prove the intent for abortion? That is not the law. The law says, if a doctor does an ultrasound test, and, then, informs the patient as to whether it is a male or a femaie foetus, that is the first crime under the law. And, if the Medical Council of India, in spite of the Supreme Court orders which have very specifically stated that in the first instance disclosure of the sex of the foetus is a crime. The Medical Council of India must change its rules and regulations to ensure that this is taken into account. They have, still, not done it since 2003, and the Health Ministry has taken no action. So, the point here is, Sir, what is the attitude of the Health Ministry and the Minister? Is it one of indifference? Is it one of callousness, I don't

know? Is it one of concurrence? Is it one of connivance? Why is it that the Central Supervisory Board, instead of preventing it, is only supervising the elimination of the female foetus? That is my question. Therefore, Sir, I would like to urge upon the House three points. The first point is that the Central Supervisory Board, its non-functioning, it is just monitoring without taking action, is a very serious issue. I would like the Minister to very specifically state what steps he is going to take to ensure that they uphold the law and take action. Follow up its supervision with action; otherwise, it will be taken that they are here only to supervise the crime and not to stop it. The second point is, the case is a *prima facie* case and evidence which we can give to the Minister. Women's organisations are meeting him this evening. They can give the CDs to him with all the proof. I would like to ask the Minister on the floor of the House, is he prepared to take a pro-active role in ensuring, firstly, with the State Govenrments that they move in this matter, and in the absence of any movement by the State Governments, what action are they going to take? That is the second point. And, the third and the most important point, Sir, is that the Health Ministry, instead of just giving some well-intentioned statements here, the Health Ministry itself has to move in a much quicker way, and a much more determined and rigorous way to implement the law. Thank you.

SHRIMATI PREMA CARIAPPA (Karnataka): Sir, I rise to express my views on a very serious issue of female foeticide. I agree with my colleagues, Shrimati Brinda Karat and Miss Anusuiya Uikey what they Said. Sir, unfortunately, female foeticide through pre-birth sex determination is a major cause of declining in the number of girls in the country. There are umpteen number of registered and unregistered ultrasound clinics which are famous as pre-birth sex determination test clinics. The number of unregistered centres conducting such tests is simply unknown. There are thousands of them. And, we can imagine on what a large-scale this horrifying business they are doing, killing the girls before their birth. As doctors said, in western countries, these Ultrasound tests are conducted only to find out the deformity in the child. It must have started with the same intention in India also. But, today it is not so. Today, people go to the sex determination centres to know whether they have to retain the child or to abort the child. So, if the foetus is that of a female, they don't wait for a second. They go to a doctor and see that it is removed. Sometimes. they don't even take the consent of the mother, and sometimes, it is the mother who decides that. There may be so many reasons for it. As Brindaji said, maybe, it is

because of the heavy dowry demand during the marriage of the girls, or, there may be some other different reasons like increasing crime rate against women, especially, the increasing number of rape cases, exploitation at work places and so on. In some cases, the lady herself prefers the male child. The reason, the people give is that at their old age, they will be looked after by their sons. Sometimes, they want to have their funeral rites to be done by their male child and lit the pyre. Sir, like that there are umpteen reasons as to why people still prefer the male child.

Sir, though pre-nantal sex determination is illegal in the country, nobody bothers about the law. This profitable nefarious business is increasing by leaps and bounds, resulting in steep decline in male-female ratio in the country, particularly, in the Northern States.

Sir, according to a survey, the female population has sharply declined in Uttar Pradesh, Madhya Pradesh,—Punjab and Haryana are aleady very famous for it—Gujarat, Maharashtra and in few more other States. The sharp decline in female population is going to create social unrest. Unfortunately, the steep decline in male-female ratio has already started showing its results in the forms of steep increase in the number to rape cases in the country. This is most inhuman and heinous crime against a woman whose whole life is shattered.

Sir, on the issue, I read something in a journal called 'Lancat' in January, 2006. The U.K. Medical Journal 'Lancat' in its January, 2006 issue has carried an article "Low Male to Female Sex Ratio of Children born in India." The study states that, based on conservative assumption, pre-natal sex determination followed by sex-selective abortions of female foeticide accounts for about 0.5 million missing female births every year. So, it is a shame of know about this disturbing revelation that, at least, ten million female foeticides were aborted in the country during past twenty years.

Sir, there is clearly an urgent need to educate the people about the equality children, especially, because the couple who goes for female foeticide comes from the so-called educated family.

Sir, educated, affluent and middle class people are going in more for the female foeticide.

So, the Government has initiated a number of activities to create awareness on this issue. These initiatives include meeting with organisations working against sex selection, involvement of medical professionals, religious leaders to spread the message, requesting police training academies and schools to include the issues in the curriculam of their training, and so on and so forth.

But, Sir, I am afraid these programmes are not implemented properly. These programmes should be devised to curb all the evils to which the girl child is subjected to both in urban as well as rural areas. Sir, these evils can play havoc with the life of the girl child and can even lead to a much higher adverse sex ratio in India.

Sir, according to me, the punishment that is announced is not enough. They say that the medical registrations of those doctors who conduct these pre-natal tests will be cancelled and the couples who go in for these tests would be imprisoned for three years and punished. But, I am sure, it is not done. As my colleague, Brindaji, said it is not so. The couple which goes to the doctor will not say that they are going for female foeticide. They would say that they want to know the sex of the child. Or, the Doctor, the person conducting the tests, may not know why they have come. That is also one of the reasons; they won't know and they will have to go to another Doctor to get the foeticide conducted. So, Sir, whatever punishments are there must be properly implemented and the punishment must be severe. Otherwise, this will cause unrest in the society and create a grave problem for the country.

SHRIMATI N.P. DURGA (Andhra Pradesh): Thank you very much for giving me this opportunity, Sir.

Sir, female foeticide, if not checked, would dwindle the demographic balance of the country, because sex-ratio is an important indicator to study and analyse the character of the population. The right to live is a fundamental right. The right to survive is a precious right; it precedes the right to life and grows along with it. But, in a country where woman is venerated as the epitome of strength, wealth and intelligence, whether she really has this right is a big question, the answer to this is, again, a big 'No'. Every human form conceived to be born as a child has a right to come into this beautiful world. Since human embryo and foetuses are human forms, abortion is a heinous crime, akin to murder and should be banned—of course, it is banned in India—thus giving every human form a

right to be born. But this right is available only to the male child in India, not female. We all appreciated it when the PNDT Act 1994 was enacted hoping that it would bring laurels in successfully curbing pre-natal sex determination tests. It has also prohibited advertisements relating to pre-natal determination of sex. But, to the utter disappointment of the entire womenfolk in the country, this Act was hit for a six and these private clinics are flourishing as they were before PNDT came into existence. It you look at the sex ratio in urban agglomeration and metropolitan cities, this becomes clear. For example, take the case of Ludhiana. Here, you have 763 females per 1,000; in Punjab it is 798; in Greater Mumbai, it is 822; in Surat, it is 760. According to a survey , majority of the female foeticide is done by educated people. The same is the case in other parts of Northern India. Why is it happening here like this? And, why is it not happening in the Southern India? The hon. Minister is representing a State where there is a far better sex ratio. Even in cities of my own State, we have a far better sex ratio. I would be failing in my duty if I fail to mention the city of Kochi were there are 1,023 females per 1,000 males. In the light of this, I would like to know from the hon. Minister whether he has made any study as to why there is such a wide gap of sex ratio between North India and South India.

Sir, recently, there was a sting operation by a private TV channel, which showed that doctors in Bihar have agents working as conduits who 'finalize' deals with the parents who want to terminate a girl child in the womb. I would like to know whether the Ministry has made any enquiry about this and has taken any action. The Minister cannot say that there is no evidence or witness, because here, you have video pictures, which are sufficient to suspend the medical licences of these doctors. The then hon. Minister of Women and Child Development, Shrimati Renuka Chowdhury, was on record saying that she would cancel medical licence of all those doctors. I would like to know what has been done in this regard. The Minister cannot shirk his responsibility by saying that the States have to implement the Act.

Sir, the whole problem cropped up because of the failure of the State and local machinery in implementing PNDT Act in letter and spirit. They have utterly failed to register the clinics, not to talk about implementing the Act, catching hold of them and prosecuting them. So, they do not have the necessary paraphernalia to implement the PNDT Act.

Sir, the other thing I wish to know from the hon. Minister is this. You have constituted a National Inspection and Monitoring Committee at the Union level to take stock of the ground realities by taking up field visits to the affected States. I would like to know how many field visits have been undertaken since setting up this Committee and what is the result of the progress of your field visits.

Sir, the Minister said that the Committee visited the Northern States. But, I would like to know why the Committee has not visited areas like Tamil Nadu, Kochi, and others, where you have a success story as far as female foeticide is concerned.

Sir, one of the reasons for low sex ratio is low nutritional food to the girl child. So, there is also a need to give nutritional food to girl child so as to prevent deaths at infant stage and at the tender age.

The other problem being faced by the Government machinery in containing this female infanticide is the medical profession itself. The medical profession is showing little inclination in putting their house in order. Even the medical associations of various States have failed to convince or control doctors who are involved in the use of these unethical diagnostic practices. So, I would suggest for consideration of the hon. Minister that he should prevail upon the medical associations and with the help of these associations, we can, if not totally, at least, to the maximum extent, control this menace.

Finally, Sir, the Government have launched "Save the Girl Child Campaign" and appointed Sania Mirza, Ms. Joshna and others as brand ambassadors. I think, this has little impact on the people. So, I would suggest that you take up this campaign the way you are campaigning for polio which has been so successful. You involve leading film personalities, cricketers, religious, leaders, etc., which, I am sure, will help, to a great extent, in containing this menace. Thank you.

DR. GYAN PRAKASH PILANIA (Rajasthan): Mr. Vice-Chairman, Sir, I have the honour of joining a band of our very illustrative ladies who have put forth in a very rational manner their view points and their abhorrence of foeticide. I have gone very carefully into the detailed statement prepared by the hon. Minister. It is very rightly drafted and beautifully presented.

This debate is not on pros and cons. Everyone present in this House is on one side. The hon. Minister and the Central Government is also on that side that somehow the girl child in the womb must be safe. It is a national issue and what are the ways and means to do it that is to be found out. Foeticide virtually is an euphemism for murder in the womb and the punishment which is given for murder, the same punishment must go to those who take part jointly in this foeticide in which medical fraternity also comes, in which technicians also come, in which touts also come and in which those parents also come who stoop to that level that they want to kill their own child. As was very rightly pointed out, Brinda, Anusuiya and Durga's historical names are in our concept. In India, we are arguing this issue where lady has been traditionally considered to be a deity. यंत्र नार्यस्तु पूज्यन्ते, रमन्ते तत्र देवता it is such an irony that in this sacred land of *Aryavrat 'Bharat'*, we are arguing that foeticide is taking place and what should be the ways and means to stop it. It is a fact that foeticide is there and figures are really alarming which have been often repeated. Ten million females have been done to death in womb, *kokh*, which is the most safest place for a child in the past two decades. Hence, as was pointed out, *kokh*, the place which should be the safest one, has become *kasaikhana*. The first thing to be realised is the enormity of the situation as to how grave it is. The gravity must dawn in the minds of everyone and then we should take steps. One step which has been very rightly pointed out by the hon. Minister is sensitisation. Sensitisation of the parents that they should not stoop so low; sensitisation of mother's sensitisation of the womanhood; sensitisation of the fatherhood. If parents do not agree to get their child killed in the womb, there will be no foeticide. Firstly, they have to be sensitised, and then the medical fraternity, the doctors, have to be sensitised. Doctors are there to save the life and not to put an end to it. I mean, they have become butchers. That lure of money, that lust for earning more has pushed so very well educated people, MBBS, MD and all that, into becoming devils. Then, third is Medical Council. Medical Council is sitting still. It is not taking action which it should take. I am just repeating. First is parents; second is doctor fraternity; third is Medical Council; fourth is administration. It should be personal charge of DM and SP that not a single foeticide takes place in his district, and it is possible. (*Time-bell*) In Punjab, they are doing it. Fifth is the role of NGOs. They must come forward. And, sixth is public in general. That awareness must dawn that

does not mean that this girl becomes a victims of a *Kudimar,* till it does not mean that we have brought wives; we can call it like cattle which have been purchased and also, they are used like cattle. They are born slave as Shrimati Brinda Karat very rightly pointed out. Social consequences will be enormous. Social consequences will be very dangerous. Social consequences will be very alarming also. There will be delinquency in social life. There will be promiscuity in sex. There will be more rapes. There will be more crimes against women and we will find *Parvatis,* who do not succumb to polygamy, are forced to do that. That kind of thing will happen and it is a matter of great shame for the nation as well as for the Government, whose duty is to enforce law. If the Government has made a law, who will enforce it? Enforcing is not the duty of the general public... (*Interruptions*). Law was made in 1994 and only two convictions are there so far in the last 12 years. Is it not a matter of concern? I mean, the Government cannot say there is no evidence. The Government cannot take the plea that it is done in privacy. It is done by collusion. It is for them to find out. It is for them to do sting operations and law must be enforced. If we are not able to stop this *Brahmhatya* which we are doing, this murder in the womb which we are doing, then there is shame to the Government; there is shame to the Parliament; and there is shame to the male gender. Men should rise to help women. They are our mothers. They are our sisters. They are our daughters. If we do not rise to the occasion, who will do that? I will end my rhetoric by thanking you for your kindness that you permitted me to speak, and for the patient hearing which hon. Minister has given. I know he is competent and he is very able. He will be able to find out ways and means and within a year, we will find something concrete and these figures will come down. I stop with an optimistic note, having faith in humanity. I think, ultimately, sanity will prevail and we will be able to put curb on foeticide which is a national shame.

THE VICE-CHAIRMAN (PROF. P.J. KURIAN): Thank you. But not rhetoric, very useful and very meaningful words. Shri C. Perumal.

*SHRI C. PERUMAL (Tamil Nadu): Mr. Vice-Chairman, Sir, I thank you for giving me this opportunity to take part in the Calling Attention on the incidents of female foeticide in various parts of the country and the resultant imbalance of sex ratio in the society. I also hang my head in shame for the fact that female foeticide is still going on in our society.

*The speech was originally delivered in Tamil.

A celebrated personality said, it is the rarest of blessings to be born as a human being. Yet another person said, a woman is born only after great penance. It is universal truth that there could be no man without woman, and no woman without man. Our religious scriptures say, there is no Shakthi without Shivam and no Shivam without Shakthi. We speak of mother tongue and motherland and not father-tongue and father-land. It is the woman who symbolizes all greatness in our society.

Mr. Vice-Chairman, Sir, it is regrettable that our society is putting to death such women while still in the womb. When such attempts of female foeticide fail and the female children are born, they are killed by administering the milk of cactus and madder plants and by suffocation. It is very unfortunate that we are unable to put an end to this sinful practice. We should think as to why a mother, who gives birth to a child after 10 long months of pregnancy, is forced to kill her own body. It is said that the female ratio has declined to around 930 per 1000 men over the years.

Sir, society is responsible for this situation. The parents are led to think of so many things even before the birth of a female child. The parents worry about bringing up a girl child, educating her, protecting her and about organizing her marriage. These thoughts make them go crazy. The problem of dowry during marriage is the biggest problem faced by parents. That is why they are led to think that a female child should not be allowed to be born. They fear that a girl child will find the life miserable in the society. This makes the parents to take the extreme step.

Sir, this situation could be reversed only if we give equal rights to women in every sphere and treat women just as men. That is why the respected General-Secretary of AIADMK, my leader Dr. Puratchi Thalaivi Amma had taken laudable steps in ending female foeticide and infanticide while being the Chief Minister of Tamil Nadu. During her tenure as Chief Minister between 1991-1996 and 2001-2006, she had implemented a number of schemes for the welfare of the women in the State. She had introduced a scheme for the welfare of the women in the State. She had introduced a scheme known as Cradle scheme under which parents unwilling raise their female infant could put it in the cradel in the centres set-up by the Tamil Nadu Government. Such female infants are brought up, educated and married off by the Government itself. I take pride in informing the house that the revered Mother Teresa had lauded this scheme. Under another scheme, if the parents with only two female children undergo sterilization, a certain sum was deposited in the name of the children for their future. *(Interruptions)*

Why are you interrupting Mr. Narayanasamy? I was wondering where you had gone? And you are here!

Sir, I was trying place on record the schemes launched by our leader Amma in Tamil Nadu for providing economic independence to women. Our leader also ordered setting up of all women police stations and women Commando Force in Tamil Nadu for protecting women. Our Amma also made it mandatory that only women should be appointed teachers in all the primary schools in the State. Women were appointed organisers at Nutritious Noon Meal Centres. Our Amma had also introduced the most popular women self-help Micro-credit scheme that benefited lakhs of women in Tamil Nadu. I am referring to all this because the scheme launched by our Amma were aimed at making women financially independent so that she faces the society without fear and lives according to her sweet will.

Sir, I am constrained to say that so far we have not been able to bring about a legislation to provide 33 per cent reservation for women. But our respected leader Amma...*(Interruptions)*.

Don't interrupt Mr. Narayanasamy.

THE VICE-CHAIRMAN (PROF. P.J. KURIAN): Please don't respond to what he is saying. Please, address the chair only. Mr. Perumal, you address the Chair.

SHRI C.PERUMAL: Sir, our Amma has given 33% reservation to women in the local bodies in Tamil Nadu. She has also given reservation to women in the AIADMK party. She does not believe in mere words. That is why our Amma had launched many schemes to raise the status of women in the society. Such steps will alone change the mind-set of parents and make them feel happy at the birth of girl child *(Interruptions)*.

THE VICE-CHAIRMAN (PROF. P.J. KURIAN): You please sit down. Let him speak.

SHRI V. NARAYANASAMY (Pondicherry): I would like to say only one thing, Sir, *(Interruptions)* Women population is only 1100 as compared to 1,000 men in our State. We have proved it. *(Interruptions)*.

SHRIMATI BRINDA KARAT: You are entirely wrong. Where from have you got your figures? ..*(Interruption)*.

SHRI V. NARAYANASAMY: These figures are taken from the Census. ...*(Interruptions)*.

SHRIMATI BRINDA KARAT: You are entirely wrong. I have the entire district wise-break up. What he is saying is right. (*Interruptions)*

SHRI SHAHID SIDDIQUI (Uttar Pradesh): Sir, he does not like anybody's speech. Whenever a person speaks, he interrupts (*Interruptions).*

THE VICE-CHAIRMAN (PROF. P.J. KURIAN): Okay, Shri Perumal, please address the Chair. ...(*Interruptions*).. Please conclude now. (*Interruptions).*

SHRI V. NARAYANASAMY: Sir, I have...(*Interruptions*).

THE VICE-CHAIRMAN (PROF. P.J. KURIAN): Narayanasamy ji, you will also get a chance to speak...(*Interruptions*)

SHRI C.PERUMAL: Sir, I wish to say a few words about the punishment for female foeticide and infanticide. The punishment for killers of female children, be it parents or any one else, should be an exemplary one like death penalty. Even for rape the punishment is not severe in our country. There should be extreme punishment as is prevalent in Arab countries. Then only crime against women will decline.

Sir, at the end I would like to emphasize the fact that female foeticide and infanticide have declined remarkably in Tamil Nadu because of the laudable efforts of our leader Dr. Puratchi Thalaivi Amma. We need to create such awareness all over the country as is done in campaign against AIDS through school children. As I conclude, I wish to make one last point and I invite the attention of Mr. Narayanasamy to that. If women in our society have to be bold and independent and if our nation has to progress and march in pride, a strong-willed woman like our respected Amma should become the Prime Minister of our nation. Thank you.

श्री शाहिद सिद्दिकी: उपसभाध्यक्ष महोदय, आपका बहुत-बहुत धन्यवाद। सर, यह जो मसला है, यह राजनीति का मसला नहीं है, यह देश के भविष्य का मसला है। जब हम कहते हैं कि हम देश को 21वीं सदी की तरफ ले जा रहे हैं, विकास की तरफ ले जा रहे हैं तो हमें यह भी देखना होता है कि विकास कैसा होगा और किसके लिए होगा? हम देख रहे हैं कि पूरी दुनिया में जो विकास हो रहा है, वह आर्थिक विकास है, सामाजिक विकास है और शिक्षा के क्षेत्र का विकास है, तो वहां महिलाओं का, लड़कियों का रेश्यो बढ़ रहा है। लेकिन हमारे यह अजीब बात देखने को मिल रही है कि जहां-जहां विकास हो रहा है, जिन-जिन राज्यों में विकास हो रहा है, चाहे शिक्षा के क्षेत्र का

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विकास हो, आर्थिक क्षेत्र का विकास हो, वहां पर लड़कियों का रेश्यो कम होता जा रहा है, वह घटता जा रहा है, चाहे वह पंजाब है, हरियाणा है, गुजरात है और दिल्ली है। दिल्ली में भी अगर आप पूरी दिल्ली को देखे, तो जो सबसे ज्यादा विकसित इलाका है, वह साऊथ दिल्ली का है, वहां पर पूरी दिल्ली के अंदर सबसे कम रेश्यो है। यह एक बड़ी विचित्र स्थिति यहां पर बनी हुई है। इसलिए मैं शुरू में दो बातें कहना चाहता हूं कि हम एक तो बहुत ज्यादा फोकस कर रह हैं प्री नेटल डिटर्मिनेशन के ऊपर , जैसे कि वही मसले की जड़ है। जैसे हमने मशीनों पर कंट्रोल कर लिया, तो हम प्रोब्लम को सॉल्व कर लेंगे। इस पर बहुत ज्यादा फोकस मत कीजिए, वह प्रोब्लम है, लेकिन खाली वही प्रोब्लम नहीं है, क्योंकि प्रोब्लम यह भी है कि पोस्ट नेटल इन्फेंटिसाइड भी बहुत बड़े पैमाने पर हिन्दुस्तान में होता रहा है। लड़कियों को अफीम चटाकर मारा गया है। बच्ची के मुंह में अफीम दे देते हैं, ऐसी कितनी ही stories मैंने पढ़ी हैं, कितने ही interviews आए हैं, कितनी ही रिपोर्टें आई हैं कि राजस्थान के अंदर, पंजाब के अंदर किस तरह से हजारों लड़कियों को मारा जाता है। खाली यही एक मसला नहीं है, यह मसला है, मैं इसको negate नहीं कर रहा हूं, लेकिन इसके साथ पूरे मसले को देखकर चलना पड़ेगा। दूसरी बात यह है कि यह problem खाली Health Ministry से जुड़ी हुई problem नहीं है, क्योंकि यह attitude का मामला है। दूसरी ओर हमारे यहां जो बाज़ारीकरण हुआ है, यह उसके साथ भी जुड़ा हुआ है। सिर्फ दहेज़ ही नहीं, दहेज़ तो एक मसला है ही, लेकिन उसके साथ आज एक तरह से शादी का जो दिखावा होने लगा है, शादी पर जो लाखों-करोड़ों रुपए खर्च करने का competition होने लगा है, हर आदमी दूसरे से ज्यादा पैसा खर्च करना चाहता है, यहां तक कि middle class and lower middle class में यह competition का सवाल हो गया है। इसलिए लड़की के पैदा होते ही घरवालों पर यह बोझ हो जाता है। हमारे समाज में, हमारी फिल्मों में, हमारे मीडिया के द्वारा, हमारे सामाजिक लेखकों के द्वारा यह बात फैलाई जाती है कि अगर लड़की पैदा हुई है, तो बहुत बड़ा बोझ पैदा हो गया है, अब क्या होगा, मां-बाप के लिए एक बहुत बड़ा अज़ाब पैदा हो गया है।

महोदय, यह दहेज की जो सोच है, अभी एक माननीय सदस्य ने कहा था कि वह अरब देशों में कम हैं। अरब देशों में इस सोच के कम होने का कारण यह है कि वहां पर दहेज की प्रथा नहीं है, अगर है, तो उलटे रूप में है, वहां लड़के को दहेज़ देना पड़ता है, लड़की को नहीं देना पड़ता। इसी तरीके से हमारे समाज के अंदर जो ऐसे वर्ग हैं, जहां पर दहेज की प्रथा कम है, वहां पर भी आप देखेंगे कि यह भ्रूण हत्या की घटनाएं कम हैं, मुस्लिम समाज में भी कम हैं, लेकिन अब वहां पर भी बढ़ रही हैं। आपके आंकड़े बताते हैं कि मुसलमानों में स्थिति बेहतर है, दलितों में स्थिति बेहतर है, लेकिन अब वहां पर भी जैसे-जैसे बाज़ारीकरण हो रहा है, materialism आ रहा है, वहां भी यह चीज बढ़ रही है।

इसलिए मैं यह कहना चाहता हूं कि इस मसले को हल करने के लिए सिर्फ Health Ministry से मांग करके बात नहीं बनेगी, सिर्फ इन ultrasound machines पर ज्यादा से ज्यादा control बढ़ाने से यह

मसला हल नहीं होगा। इसके लिए आपको और सरकार को सोचना होगा, क्योंकि यह कोई छोटा मसला नहीं है। आने वाले समय में हिंदुस्तान का भविष्य क्या होगा, सामाजिक स्थिति क्या होगी, आर्थिक स्थिति क्या होगी, इसका फैसला इसके ऊपर होगा कि हमारे यहां महिलाओं की संख्या कितनी है। अगर हमारे यहां एक हजार पुरुषों के ऊपर 700-800 महिलाएं होंगी, तो फिर इससे पूरे देश में इतनी सामाजिक उथल-पुथल होगी, जिसकी हम कल्पना नहीं कर सकते, crime इतना बढ़ेगा, जिसकी हम कल्पना नहीं कर सकते। हम जो सोच रहे हैं कि हमारा विकास 8 प्रतिशत या 9 प्रतिशत होगा, वह विकास संभव नहीं हो पाएगा। यदि वह विकास होगा और उसके साथ यही स्थिति होगी, जो विकसित क्षेत्रों में हो रही है, तो मुझे डर लगता है कि हमारे समाज का भविष्य क्या होगा। इसलिए सरकार को संजीदगी से इस पर गौर करते हुए Inter-Ministerial Committee बनानी चाहिए, जिसमें Health Ministry, Women & Child Welfare Ministry, Ministry of Social Justice, Finance Ministry, Information and Broadcasting Ministry के लोग हों और वे बैठकर एक comprehensive policy बनाएं, इस बात के लिए comprehensive policy बनाएं कि किस तरह इस मानसिकता को बदला जाए। यह जो सोच है कि अगर लड़की पैदा होती है, तो वह मां-बाप के भविष्य को, पूरे खानदान के भविष्य को अंधकार में डाल देती है, इस सोच को बदलने की जरूरत है।

दूसरी तरफ आजकल जो शादियां हो रही हैं, शादियों पर पहले ज़माने में, शास्त्री जी के ज़माने में और उसके बाद भी फिजूलखर्ची पर पाबंदी लगी। Emergency में एक अच्छा काम यह हुआ था कि 100 से ज्यादा guest आप नहीं बुला सकते थे, आप मंहगे खाने के सामान नहीं रख सकते थे, लेकिन आज इतना competition है कि बुरा हाल है। आज हमारी फिल्मों पर पाबंदी लगनी चाहिए, क्योंकि फिल्मों में शादी के मामले को इतना बढ़ा-चढ़ाकर दिखाया जाता है कि लड़की का पैदा होना एक अज़ाब बन गया है और इसमें खुद माएं अपनी बच्चियों को मारने में शामिल होती हैं, क्योंकि वे देखती हैं कि उनकी जिंदगी कैसी गुज़री है और वे नहीं चाहतीं कि उनकी लड़की की जिंदगी भी ऐसी गुज़रे। इसलिए मैं यह कहना चाहता हूं कि इसके लिए आपको ऐसी approach बनानी पड़ेगी, जिससे समाज में awakening आए, financial terms में आप incentives दें, आप financial terms में उन पर सख्ती भी करें, पाबंदी भी लगाएं और इसके बारे में सख्त कानून बनाया जाए। जब तक यह टोटल रूप से नहीं होगा, अगर सिर्फ Health Ministry इस पर ध्यान देगी, तो इससे काम नहीं चलेगा... (व्यवधान) डॉक्टर्स पर सख्ती होनी चाहिए, लेकिन लाखों की तादाद में जो girl child के murders हो रहे हैं, मैं जानना चाहता हूं कि इसके लिए अब तक कितने लोगों को सज़ा मिली है? इसके लिए कितने लोग गिरफ्तार किए गए हैं, कितने लोगों को सजा मिली है? अगर नहीं मिली है, तो इसके लिए कानून को भी बेहतर बनाने की जरूरत है। इसलिए मैं इंटर-मिनिस्ट्रियल कमेटी की बात कर रहा हूं, क्योंकि हेल्थ मिनिस्ट्री कानून नहीं बनाएगी, कानून तो होम मिनिस्ट्री बनाएगी, लॉ मिनिस्ट्री बनाएगी। लॉ मिनिस्ट्री को भी इसमें शमिल होना पड़ेगा, सारे लोगों को शमिल होना पड़ेगा। इसमें टोटल कंप्रिहेंसिव एप्रोच लेकर चलना चलना होगा। मेरा यही कहना है। धन्यवाद।

†[شری شاہد صدیقی ''اتر پردیش'' : آپ سبھا ادھیکش مہودے، آپ کا بہت بہت دھنیواد۔ سر، یہ جو مسئلہ ہے، یہ راجنیتی کا مسئلہ نہیں ہے، یہ دیش کے بھوشیئے کا مسئلہ ہے۔ جب ہم کہتے ہیں کہ ہم دیش کو اکیسویں صدی کی طرف لے جا رہے ہیں، وکاس کی طرف لے جا رہے ہیں تو ہمیں یہ بھی دیکھنا ہوتا ہے کہ وکاس کیسا ہوگا اور کس کے لئے ہوگا؟ ہم دیکھ رہے ہیں کہ پوری دنیا میں جو وکاس ہو رہا ہے، وہ آرتھک وکاس ہے، سماجک وکاس ہے اور شکشا کے چھیتر کا وکاس ہے، تو وہاں مہیلاؤں کا، لڑکیوں کا ریشیو بڑھ رہا ہے۔ لیکن ہمیں یہ عجیب بات دیکھنے کو مل رہی ہے کہ جہاں جہاں وکاس ہو رہا ہے، جن جن راجیوں میں وکاس ہو رہا ہے، چاہے شکشا کا وکاس ہو آرتھک چھیتر کا وکاس ہو، وہاں پر لڑکیوں کا ریشیو کم ہوتا جا رہا ہے، یہ گھٹتا جا رہا ہے، چاہے وہ پنجاب ہے، ہریانہ ہے، گجرات ہے اور دہلی ہے۔ دہلی میں بھی اگر آپ پوری دہلی کو دیکھیں، تو جو سب زیادہ وکسِت علاقہ ہے، وہ ساؤتھ دہلی کا ہے، وہاں پر پوری دہلی کے اندر سب سے کم ریشیو ہے۔ یہ ایک بڑی وچتر استھتی یہاں پر بنی ہوئی ہے۔ اس لئے میں شروع میں دو باتیں کہنا چاہتا ہوں کہ ہم ایک تو بہت زیادہ فوکس کر رہے ہیں، پری نیٹل ڈٹرمنیشن کے اوپر، جیسے کہ وہی مسئلے کی جڑ ہے۔ جیسے ہم نے مشینوں پر کنٹرول کر لیا، تو ہم پرابلم کو سولو کر لیں گے۔ اس پر بہت زیادہ فوکس مت کیجئے، وہ پرابلم ہے، لیکن خالی وہی پرابلم نہیں ہے، کیوں کہ پرابلم یہ بھی ہے کہ پوسٹ نیٹل انفینٹسائڈ بھی بہت بڑے پیمانے پر ہندوستان میں ہوتا رہا ہے۔

۲ن

لڑکیوں کو افیم چٹا کر مارا گیا ہے۔ بچی کے منھ میں افیم دے دیتے ہیں، ایسی کتنی ہی اسٹوریز میں نے پڑھی ہے، کتنے ہی انٹرویو آئے ہیں، کتنی ہی رپورٹیں آئی ہیں کہ راجستھان کے اندر، پنجاب کے اندر کس طرح سے ہزاروں لڑکیوں کو مارا جاتا ہے۔ خالی یہی ایک مسئلہ نہیں ہے، یہ مسئلہ ہے، میں اس کو نگیٹ نہیں کر رہا ہوں، لیکن اس کے ساتھ پورے مسئلے کو دیکھ کر چلنا پڑے گا۔ دوسری بات یہ ہے کہ یہ پرابلم خالی ہیلتھ منسٹری سے جڑی ہوئی پرابلم نہیں ہے، کیوں یہ ایٹی ٹیوڈ کا معاملہ ہے۔ دوسری اور ہمارے یہاں جو بازیکرن ہوا ہے، یہ اس کے ساتھ بھی جڑا ہوا ہے۔ صرف جہیز ہی نہیں، جہیز تو ایک مسئلہ ہے ہی، لیکن اس کے ساتھ آج

†Transliteration of Urdu Script.

ایک طرف سے شادی کا جو دکھاوا ہونے لگا ہے، شادی پر جو لاکھوں کروڑوں روپے خرچ کرنا کا کمپیٹیشن ہونے لگا ہے، ہر آدمی دوسرے سے زیادہ پیسہ خرچ کرنا چاہتا ہے، یہاں تک کہ مڈل کلاس اینڈ لوئر مڈل کلاس میں یہ کمپیٹیشن کا سوال ہو گیا ہے۔ اس لئے لڑکی کے پیدا ہوتے ہی گھر والوں پر یہ بوجھ ہو جاتا ہے۔ ہمارے سماج میں، ہماری فلموں میں، ہمارے میڈیا کے دُوارا، ہمارے سماجک لیکھکوں کے دُوارا یہ بات پھیلائی جاتی ہے کہ اگر لڑکی پیدا ہوئی ہے تو بہت بڑا بوجھ پیدا ہو گیا ہے، اب کیا ہوگا، ماں باپ کے لئے ایک بہت بڑا عذاب پیدا ہو گیا ہے۔

مہودے، یہ جہیز کی سوچ ہے، ابھی ایک ماننیے سدسیے نے کہا تھا کہ یہ عرب دیشوں میں کم ہے۔ عرب دیشوں میں اس سوچ کے کم ہونے کا کارن یہ ہے کہ وہاں پر جہیز کی پرتھا نہیں ہے، اگر ہے، تو الٹے روپ میں ہے، وہاں لڑکے کو جہیز دینا پڑتا ہے، لڑکی کو نہیں دینا پڑتا۔ اسی طریقے سے ہمارے سماج کے اندر جو ایسے ورگ ہیں، جہاں پر جہیز کی پرتھا کم ہے، وہاں پر بھی آپ دیکھیں گے کہ یہ بھرون ہتیہ کی گھٹنائیں کم ہیں، مسلم سماج میں بھی کم ہے، لیکن اب وہاں پر بھی بڑھ رہی ہے۔ آپ کے آنکڑے بتاتے ہیں کہ مسلمانوں میں اِستھی بہتر ہے، دلتوں میں استھی بہتر ہے، لیکن اب وہاں پر بھی جیسے جیسے بازیکرن ہو رہا ہے، مٹیریلزم آ رہا ہے، وہاں بھی یہ چیز بڑھ رہی ہے۔ اس لئے میں یہ کہنا چاہتا ہوں کہ اس مسئلے کو حل کرنے کے لئے صرف ہیلتھ منسٹری سے مانگ کر کے بات نہیں بنے گی، صرف ان الٹراساؤنڈ مشینوں پر زیادہ سے زیادہ کنٹرول بڑھانے سے یہ مسئلہ حل نہیں ہوگا۔ اس کے لئے آپ کو اور سرکار کو سوچنا ہوگا، کیوں یہ کوئی چھوٹا مسئلہ نہیں ہے۔ آنے والے سمئے میں ہندوستان کا بھوشیے کیا ہوگا، سماجک استھی کیا ہوگی، آرتھک استھی کیا ہوگی، اس کا فیصلہ اس کے اوپر ہوگا کہ ہمارے یہاں مہیلاؤں کی تعداد کتنی ہے۔ اگر ہمارے یہاں ایک ہزار مردوں کے اوپر سات سو، آٹھ سو مہیلائیں ہوں گی، تو پھر اس سے پورے دیش میں اتنی سماجک اتھل پتھل ہوگی، اس کی ہم کلپنا نہیں کر سکتے، کرائم اتنا بڑھے گا جسکی ہم کلپنا بھی نہیں کر سکتے۔ ہم جو سوچ رہے ہیں کہ ہمارا وکاس آٹھ فیصد یا نو فیصد ہوگا، یہ وکاس سمبھو نہیں ہو پائے گا۔ اگر یہ وکاس ہوگا اور اس کے ساتھ یہی استھی ہوگی، جو وکسِت چھیتروں میں ہو رہی ہے، تو مجھے ڈر لگتا ہے کہ ہمارے سماج کا

بھوشئے کیا ہوگا۔ اس لئے سرکار کو سنجیدگی سے اس پر غور کرتے ہئے انٹرمنسٹریل کمیٹی بنانی چاہئے، جس میں Health Ministry, Women & Child Welfare Ministry, Ministry of Social Justice, Finance Ministry, Information and Broadcasting Ministry کے لوگ ہوں اور وہ بیٹھ کر ایک کمپریہینسو پالیسی بنائیں، اس بات کے لئے کمپریہینسو پالیسی بنائیں کہ کس طرح اس مانسکتہ کو بدلا جائے۔ یہ جو سوچ ہے کہ اگر لڑکی پیدا ہوتی ہے، تو وہ ماں باپ کے بھوشئے کو، پورے خاندان کے بھوشئے کو اندھکار میں ڈال دیتی ہے، اس سوچ کو بدلنے کی ضرورت ہے۔

دوسری طرف آج کل جو شادیاں ہو رہی ہیں، شادیوں پر پہلے زمانے میں، شاستری جی کے زمانے میں اور اس کے بعد بھی فضول خرچی پر پابندی لگی۔ ایمرجنسی میں ایک اچھا کام یہ ہوا تھا کہ سو سے زیادہ گیسٹس آپ نہیں بلا سکتے تھے، آپ مہنگے کھانے کے سامان نہیں رکھ سکتے تھے، لیکن آج اتنا کمپیٹیشن ہے کہ برا حال ہے۔ آج ہماری فلموں پر پابندی لگنی چاہئے، کیوں کہ فلموں میں شادی کے معاملے کو اتنا بڑھا چڑھا کر دکھایا جاتا ہے کہ لڑکی کا پیدا ہونا ایک عذاب بن گیا ہے اور اس میں خود مائیں، اپنی بچیوں کو مارنے میں شامل ہوتی ہیں، کیوں وہ دیکھتی ہیں کہ ان کی زندگی کیسی گزری ہے اور وہ نہیں چاہتیں کہ ان کی لڑکی کی زندگی بھی ایسے گزرے۔ اس لئے میں یہ کہنا چاہتا ہوں کہ اس کے آپ کو ایسی ایپروچ بنانی پڑے گی، جس سے سماج میں اویکننگ آئے، فائنینشل ٹرمس میں آپ انسینٹوز دیں، آپ فائنینشل ٹرمس میں ان پر سختی بھی کریں، پابندی بھی لگائیں اور اس کے بارے میں سخت قانون بنانا جائے۔ جب تک یہ ٹوٹل روپ سے نہیں ہوگا، اگر صرف ہیلتھ منسٹری اس پر دھیان دے گی، تو اس سے کام نہیں چلے گا.....مداخلت.....ڈاکٹرس پر سختی ہونی چاہئے، لیکن لاکھوں کی تعداد میں جو گرل چائلڈ کے مرڈرس ہو رہے ہیں، میں جاننا چاہتا ہوں کہ اس کے لئے اب تک کتنے لوگوں کو سزا ملی ہے۔ اس کے لئے کتنے لوگ گرفتار کئے گئے ہیں، کتنے لوگوں کو سزا ملی ہے؟ اگر نہیں ملی ہے، تو اس کے لئے قانون کو بھی بہتر بنانے کی ضرورت ہے۔ اس لئے میں انٹرمنسٹریل کمیٹی کی بات کر رہا ہوں، کیوں کہ ہیلتھ منسٹری قانون نہیں بنائے گی، قانون تو ہوم منسٹری بنائے گی، لاء منسٹری بنائے گی۔ لاء منسٹری کو بھی اس میں شامل ہونا پڑے گا، سارے لوگوں کو شامل ہونا پڑے گا۔ اس میں ٹوٹل کمپریہینسو ایپروچ لے کر چلنا ہوگا۔ میرا یہی کہنا ہے۔ دھنیواد۔

''ختم شد''

प्रो॰ अलका क्षत्रिय (गुजरात): धन्यवाद, सर। वैसे तो हमारे देश में नारी की पूजा होती है, लेकिन हकीकत में नारी की हालत क्या है? हमारे यहां जब लड़की का जन्म होता है, तो कहा जाता है कि लक्ष्मी जी पधारी हैं, लेकिन हकीकत यह है कि जब लड़का पैदा होता है, तो मिठाइयां बांटी जाती हैं, थालियां बजाई जाती हैं, नगाड़े बजाए जाते हैं, लेकिन जब लड़की पैदा होती है, तो घर का माहौल ऐसा हो जाता है कि जैसे घर के अन्दर कोई दुखद घटना घटी है। हमारा जो पुरुष प्रधान समाज है, उसकी एक सामाजिक मान्यता है कि अगर लड़का पिण्ड-दान करता है, तो उसे मोक्ष मिलता है और लडका ही बुढ़ापे का सहारा है या फिर लड़की है, तो उसकी शादी में दहेज देना पड़ेगा, शीश झुकाना पड़ेगा, पगड़ी उतारनी पड़ेगी, लड़की शादी होने के बाद पराए घर चली जाएगी, लड़की तो परायी है, इसके पीछे खर्च करने का क्या मतलब है? लेकिन हकीकत यह है कि आज लड़की परायी होकर भी अपनी है और लड़का अपना होकर भी शादी के बाद पराया हो जाता है। जब यह बात समझ में आती है, तब बहुत देर हो चुकी होती है। इसकी वजह से लड़की के पैदा होने के पहले ही जब वह मां की कोख में होती है, तभी उसकी हत्या कर दी जाती है। यह बात सिर्फ अनपढ़ लोगों के यहां ही होती है, ऐसा नहीं है, लेकिन हालत यह है कि पढ़े-लिखे लोगों के घर में सबसे ज्यादा कन्या भ्रूण हत्या होती जा रही है। इसकी वजह से मां ही कोख को ही कब्र बना दिया जाता है। इस मामले में हम सिर्फ पुरुषों को दोषी नहीं ठहरा सकते, क्योंकि इस मामले में स्त्री ही स्त्री की दुश्मन बनी हुई हैं। घर के अन्दर सास और ननद इसके लिए घर की बहू को सबसे ज्यादा pressurise करती हैं कि हमें लड़का ही चाहिए, लड़के से ही हमारा समाज चलता है, लड़के से ही नाम रहता है और इसीलिए लड़की नहीं चाहिए, लड़का ही चाहिए। इसकी वजह से आज हालत कहां तक जा पहुंची है।

हमारे देश में पंजाब, हरियाणा, गुजरात, चंडीगढ़ और दिल्ली की हालत क्या है? मैं अपने प्रदेश गुजरात की बात करूं, तो अभी हाल में मेरे डिस्ट्रिक्ट के अन्दर एक सर्वे करवाया गया, तो वहां पर particularly पटेल कम्युनिटी की बात करूं, तो पटेल कम्युनिटी में एक हजार लड़के के सामने 525 लड़कियां हैं। वहां हालत यह है कि लड़कियों की इतनी कमी है कि वहां लड़कों की शादी करवाने के लिए टोलियां बनी हुई हैं। वे पैसे लेकर बाहर से लड़कियां लाकर शादी कराते हैं और इसकी एवज में पैसे लेते हैं। बाद में परिस्थिति यह होती है कि वह लड़की , जो शादी करके वहां आती है, वहां आने के बाद वह घरवालों को ब्लैकमेल करती है कि आप मुझे पैसे दो, नहीं तो मैं पुलिस में complain करूंगी कि आपने मुझसे दहेज मांगा, मेरी पिटाई कर दी, आदि। आखिर में वह लड़का थक-हारकर उससे divorce चाहता है और divorce लेने के भी वे पैसा मांगते हैं। पहले शादी करवाने के लिए वे पैसा देते हैं और बाद में divorce लेने के लिए भी पैसा देना पड़ता है। इसके बाद उसी लड़की की वही टोली दूसरी शादी कराती है। हालत यह होती जा रही है कि यह बात अगर आगे चलती रही, तो समाज में क्या परिस्थिति होगी?

दूसरी तरह अगर हम चौधरी कम्युनिटी की बात करें, तो वहां लड़किया बहुत पहले से ही कम हैं। वहां तो यह हालत हैं कि लड़के की शादी करनी हो, तो सामने वाले घर से लड़की मिलनी चाहिए या तो फिर लड़की वाले को लड़के वाले पैसे देते हैं। लेकिन इस हालत के बावजूद भी वहां भ्रूण हत्या होती जाती है। उपसभाध्यक्ष महोदय,इसलिए मैं कहना चाहती हूं कि अगर इस परिस्थिति को नहीं रोका गया, तो समाज के अन्दर बलात्कार और खून की घटनाएं काफी व्यापक होती जाएंगी। सरकार को इसके लिए अभी से चिन्तित होकर इसे रोकना पड़ेगीं इसके लिए कानून तो हमने खूब बनाए हैं, लेकिन क्या वे कानून पर्याप्त हैं? हकीकत यह है कि मैं कहती हूं कि आज भी खुलेआम बड़े-बड़े शहरों के अन्दर गर्भपात करवाने की पब्लिसिटी होती है। पंजाब और हरियाणा के अन्दर यह कहा जाता है कि अगर आप को कल के 5 लाख रुपए बचाने हैं तो आज 5 हजार रुपए खर्च कीजिए और इस से छुटकारा पाइए। महोदय, क्या इस तरह के प्रचार पर रोक नही लगनी चाहिए? महोदय, अभी हाल में सहारा चैनल के ऊपर खुले आम दिखाया गया कि किस तरह से गुजरात, मध्य प्रदेश और राजस्थान के अन्दर डॉक्टरों ने गर्भपात कराने के लिए पैसे लिए। उस के बाद उन्होंने ऑपरेशन गर्भपात बताया। इसी तरह से एन॰डी॰टी॰वी॰ पर भी दिखाया गया। इसलिए मैं मंत्री महोदय से पूछना चाहती हूं कि अगर टी॰वी॰ चैनलों पर खुले आम यह दिखाया जाता है, तो क्या सरकार कुछ नहीं कर सकती? आज तक सरकार ने कितने लोगों को ऐसे केसेज में पकड़ा है, कितने लोगों पर मुकदमा चलाया है और कितने डाक्टरों के लाइसेंस कैंसिल किए हैं?

उपसभाध्यक्ष महोदय, इस के लिए कानून में बदलाव लाना बहुत जरूरी है और ऐसे कानून को ज्यादा असरकारक बनाना है। ऐसे केसेज में दफा 302 के तहत मामला दर्ज करना चाहिए। दरअसल इसे हत्या जैसा मामला मानना चाहिए। इतना ही नहीं, इस में मददगारी करने वालों को भी 7 साल की सजा सुनायी जानी चाहिए। यह बहुत जरूरी है तभी इस अपराध को रोका जा सकता है। इसके लिए सामाजिक बदलाव लाना होगा, लोगों की मान्यताओं में बदलाव लाना बहुत जरूरी है। साथ ही इस अपराध को रोकने के लिए हमें ज्यादा-से-ज्यादा धार्मिक नेताओं, राजनीतिक नेताओं को व एन॰जी॰ओज॰ को साथ लेना चाहिए और कालेजों में इसे रोकने के बारे में छात्र-छात्राओं को शिक्षा दी जानी चाहिए।

महोदय, अंत में मैं मंत्री जी से यही कहना चाहूंगी कि आप इस संबंध में बहुत ही सख्त कानून बनाएं। धन्यवाद।

उपसभाध्यक्ष (प्रो॰ पी॰जे॰ कुरियन): थैंक्यू अलका क्षत्रिय जी।

प्रो॰ राम देव भंडारी (बिहार): माननीय उपसभाध्यक्ष जी माननीय मंत्री जी ने बड़े विस्तार से कन्या भ्रूण हत्या के संबंध में अपना वक्तव्य सदन के समक्ष रखा है। उन्होंने इस के सामाजिक पक्ष और कानूनी पक्ष की भी चर्चा की है और इस संबंध सरकरा द्वारा की जा रही कार्यवाही कर ओर भी सदन का ध्यान आकृष्ट किया है।

महोदय, यह बहुत खतरनाक संकेत है। यह एक प्रकार का बहुत बड़ा असंतुलन पैदा होने जा रहा है। जो आंकड़े प्रस्तुत किए गए हैं, उनको देखने के बाद ऐसा लग रहा है कि 21वीं सदी के वर्ष 2020 तक पुरुष और महिला का रेशियो 100 और 80 का होने जा रहा है। महोदय, इस संबंध में मैंने महिला विभाग की मंत्री का बयान पढ़ा था।

महोदय, अगर इस बुराई पर नियंत्रण नहीं किया गया तो माननीय सदस्यों ने जो आशंका व्यक्त की है और जो एक उथल-पुथल की बात कही है, वह असंभव नहीं है। यह संभव हो सकता है। महोदय, आज भी हम जिस समाज में रह रहे हैं, 21वीं सदी में भी आज भी लड़कियों को बोझ और लड़कों को पूंजी समझते हैं क्योंकि वे बुढ़ापे में उसे सूद-दर-सूद वापस करेंगे। मगर ऐसा हो नहीं रहा है जिस का हम सभी को अनुभव है। मैं समझता हूं कि लड़के अब सूद-दर-सूद कर्ज वापस नहीं करते, बल्कि जो कुछ आशा होती है, वह लड़कियों से ही होती है।

उपसभाध्यक्ष महोदय, इसके लिए सामाजिक माहौल में भी परिवर्तन की आवश्यकता है। महोदय, मैंने पढ़ा है कि हर साल 2 लाख 70 हजार भ्रूण हत्याएं हो रही हैं। माननीय सदस्य कह रहे थे कि कहां हो रही हैं? जिन प्रदेशों को हम समुन्नत प्रदेश, विकासशील प्रदेश कहते हैं, उन प्रदेशों में ये ज्यादा हो रही हैं। ...(व्यवधान)... बिहार में नहीं हो रही हैं, झारखंड में नहीं, उड़ीसा में नहीं हो रही हैं, बल्कि दिल्ली में हो रही हैं, पंजाब में, हरियाणा में, गुजरात में, चंडीगढ़ में हो रही हैं। इन प्रदेशों पर हमें नाज होता है। ये आर्थिक रूप से मजबूत प्रदेश हैं, यहां का समाज

[श्री उपसभापति पीठासीन हुए]

पढ़ा-लिखा है। मगर जब इन प्रदेशों में इतने बड़े पैमाने पर भ्रूण हत्याएं हो रही हैं, तो इनसे तो पिछड़े प्रदेश अच्छे हैं। महोदय, सिद्दिकी साहब ठीक कह रहे थे। ...(व्यवधान)...

श्री उपसभापति: एक मिनट, एक मिनट। अभी 2.15 बजे हैं और 2.30 से प्राइवेट मैम्बर्स बिजिनेस स्टार्ट होने वाला है। ...(व्यवधान)...

प्रो॰ राम देव भंडारी: सर, मैं तब तक नहीं बोलूंगा। ...(व्यवधान)...

श्री उपसभापति: मैं अभी सबको बता रहा हूं, सिर्फ आपको नहीं, मेरा इशारा आपकी तरफ नहीं है। Now, it is 2.15 p.m. इसीलिए मैंने इसके शुरू होने से पहले रूल्स पढ़ दिए। रूल यह है कि एक पार्टी से एक ही मैम्बर बोल सकते हैं, मगर उसके बावजूद जो सात थे, अब बारह हो गए हैं। इस तरीके से रूल कहता है कि Private Member's Business should start at 2.30 p.m. मैं मैम्बर्स की राय जानना चाहता हूं कि यदि वे मिनिस्टर की रिप्लाई चाहते हैं, तो मैं उनसे अपील करूंगा कि विषय एक ही है, इसलिए हम 15 मिनट में मिनिस्टर साहब की रिप्लाई सुन लें, वरना according to the rules, I have to stop the regular business at

2.30 p.m. ...*(Interruptions)*... मैं बता रहा हूं ...(व्यवधान)... देखिए, मैं यह इसलिए बता रहा हूं कि Calling Attention एक घंटे से ज्यादा नहीं हो सकता। That is the maximum time and the time is fixed under the rules. अब इसके बावजूद भी Private Members Business को 2.30 से आगे पोस्टपोन नहीं किया जा सकता। I leave it to the House. क्योंकि आपके को-ऑपरेशन से ही चेयर चलती है। कल पूछेंगे कि प्राइवेट मैम्बर्स रेजोल्यूशन के लिए क्यों नहीं समय दिया गया, क्योंकि इसके लिए हफ्ते में एक ही दिन का वक्त मिलता है।

प्रो॰ राम देव भंडारी: सर, यह बहुत महत्वपूर्ण विषय है, एक ज्वलंत विषय है। यह हो रहा है। जितने प्रदेशों की चर्चा हुई, उन प्रदेशों में ये घटनाएं लगातार हो रही हैं। इसीलिए महोदय, इस विषय पर सदस्यों की राय जाननी चाहिए।

महोदय, मैं कह रहा था कि पंजाब, हरियाणा, इन सब प्रदेशों के लोग अब बहुओं की तलाश में दूसरे प्रदेशों में जा रहे हैं, आदिवासी क्षेत्रों में जा रहे हैं, जहां गरीब लोग रहते हैं, वहां जा रहे हैं। वृंदा कारत जी ठीक कह रही थीं कि अब बहुएं खरीदी जाती हैं। यह स्थिति बन गई है, इन प्रदेशों में। बहुत सारे कानून बने हैं। देश में दहेज उन्मूलन कानून बना, सती प्रथा के खिलाफ कानून बना, महिलाओं की सुरक्षा के लिए कानून बने हैं, मगर कानून का इम्प्लिमेंटेशन कितनी दूर तक होता है, सवाल इसका उठता है। अभी भी दहेज-हत्याएं हो रही हैं। आज सुबह चर्चा हो रही थी। बागड़ोदिया जी चर्चा कर रहे थे कि किसी प्रदेश में एक सती हुई है। महिलाओं की सुरक्षा के लिए जो कानून बने हैं, उन कानूनों का पालन होना जरूरी है। यह विषय आज हमारे समक्ष आया है, सदन के समक्ष आया है, यह बहुत ही महत्वपूर्ण विषय है।

महोदय, एक समय ऐसा आएगा, आज जो लड़की वालों को दहेज देना पड़ता है, सिद्दिकी साहब कह रहे थे कि ...(व्यवधान)...

श्री उपसभापति: भंडारी जी, मैं फिर अपील करना चाहता हूं कि यह डिबेट नहीं है। ...(व्यवधान)... यह डिबेट नहीं है। मिनिस्टर को क्लैरिफिकेशन के लिए समय दिया जाता है। आप तो सीनियर मैम्बर हैं। मैं आपको रिमाइंड नहीं करा सकता। ...(व्यवधान)... आप सही कह रहे हैं। ...(व्यवधान)... आप सही कर रहे हैं कि यह विषय बहुत गम्भीर है। इसको Short Duration Discussion में लेना चाहिए या और किसी में लेना चाहिए, Calling Attention में सिर्फ क्लैरिफिकेशन पूछा जाता है। ...(व्यवधान)...

प्रो॰ राम देव भंडारी: बिल्कुल सर, इस पर Short Duration Discussion होना चाहिए था। सिद्दिकी साहब कह रहे थे, कोई ऐसा देश भी है, जहां लड़के वालों को दहेज देना पड़ता है। यहां भी ऐसा समय आने जा रहा है। ...(व्यवधान)...

श्री उदय प्रताप सिंह (उत्तर प्रदेश): मेघालय में है। ...(व्यवधान)...

प्रो॰ राम देव भंडारी: अपने देश में भी है। ...(व्यवधान)... यहां भी वह समय आने जा रहा है कि जब लड़के वालों को बहुओं की तलाश में घूमना पड़ेगा और उन्हें दहेज देना पड़ेगा। शादी करने के लिए। ...(व्यवधान)...

श्रीमती वृंदा कारत: और फिर दासी बनाकर रखेंगे, खरीदी हुई कहकर। ...(व्यवधान)...

प्रो॰ राम देव भंडारी: सर, यह स्थिति बनने जा रही है। महोदय, मैं खत्म करने से पहले सिद्दिकी साहब की राय से इतिफाक करता हूं, जो इंटर-मिनिस्ट्रियल कोआर्डिनेशन की बात कर रहे थे। यह सिर्फ स्वास्थ्य मंत्रालय की बात नहीं है, महिला कल्याण मंत्रालय, सोशल जटिस मंत्रालय, इन सभी मंत्रालयों को मिलाकर के बात होनी चाहिए, क्योंकि बहुत खतरनाक संकेत आ रहा है, जैसा मैंने देखा कि वर्ष 2020 में यह अनुपात 100:80 का होने जा रहा है। ऐसी स्थिति को हमें खत्म करना है। हमने इसके संदर्भ में कानून बनाए हुए हैं, हमारे पास पीएनडीटी एक्ट है। ...(व्यवधान)... ठीक कह रही थी वृंदा जी, कि अभी तक सिर्फ एक डाक्टर को पनिशमेंट मिला है। बिना लाइसेंस के अल्ट्रासाउंड सेंटर्स चलाए जा रहे हैं, जबकि रजिस्ट्रेशन का प्रावधान है बिना रजिस्ट्रेशन के नहीं चला सकते हैं। इसमें एक तरफ हमारी सामाजिक व्यवस्था है, उसमें भी जागरुकता पैदा करनी पड़ेगी कि बेटी अब बोझ नहीं होती, बेटा ही एक तरह का बुढ़ापे में जाकर बोझ होता है, दूसरी तरफ कानून को और भी कड़ा बनाना होगा, उसका इंप्लीमेंटेशन सही से करना पड़ेगा और जो इंटर-मिनिस्ट्रियल कोआर्डिनेशन की बात सिद्दिकी साहब ने कही है, उसको देखना होगा। ...(व्यवधान)...

श्री उपसभापति: अब मुझे लगता है कि मिनिस्टर साहब को आप आसानी से छोड़े दे रहे हैं, क्योंकि वह उत्तर नहीं दे पाएंगे।

प्रो॰ उदय प्रताप सिंह: बेटे बोझ नहीं होते, बुढ़ापे में बेटे सेवा करते हैं ...(व्यवधान)...

प्रो॰ राम देव भंडारी: मगर दूसरे प्रकार का एक्सप्लायटेशन करते हैं, उदय प्रताप जी। आपको नहीं करते होंगे, मुझे नहीं करते होंगे, मगर दूसरे तरह का एक्सप्लायटेशन भी करते हैं।

श्री उपसभापति: भंडारी जी, अब आप समाप्त कीजिए, प्लीज।

प्रो॰ राम देव भंडारी: महोदय, इन्हीं बातों के साथ मैं अपनी बात समाप्त करता हूं। धन्यवाद।

श्री उपसभापति: श्री गांधी आजाद। आप दो मिनट में क्लैरिफिकेशन पूछ लें। वैसे इतना अच्छा स्टेटमेंट मिनिस्टर साहब ने दिया है।

श्री गांधी आजाद (उत्तर प्रदेश): महोदय, बालिका भ्रूण हत्या देश के लिए एक गंभीर समस्या है। वैसे हर कार्य के पीछे कुछ कारण होते हैं, बालिका भ्रूण का भी कारण है और वह यह कि

महिलाओं को बराबरी का दर्जा नहीं दिया गया। हांलाकि कानून की नजर में तो महिलाओं को बराबरी का दर्जा दिया गया है, लेकिन व्यवहार में इनको बराबरी का दर्जा नहीं दिया जाता है और जन्म से लेकर मृत्यु तक महिलाएं उपेक्षा की शिकार रहती हैं।

महोदय, हमारे देश में आजादी के पहले जो मनु का विधान चलाया जा रहा था, उस विधान के तहत हमारे देश की स्त्रियों को, नारियों को लक्ष्मी की संज्ञा तो जरूर दी गई, दुर्गा की संज्ञा तो जरूर दी गई, देवी की संज्ञा तो जरुर दी गई, लेकिन उसे एक उपभोग की वस्तु के अलावा कुछ भी नहीं समझा गया। इतना ही नहीं, इस देश की नारियां सबसे ज्यादा पूजा इस देश में सरस्वती जी की करती हैं, लेकिन इस सदन के माध्यम से मैं यह बताना चाहता हूं कि इन नारियों के लिए सरस्वती जी को लिए, पढ़ने-लिखने का प्रावधान नहीं खोला गया। जिस मनु का विधान इस देश में चल रहा था, उसमें स्त्री, शुद्र के लिए शिक्षा की व्यवस्था का विधान नहीं था। मैं विश्वास के साथ यह बताना चाहता हूं कि यदि इसके दरवाजे किसी ने खोले, तो वह बाबा साहब अम्बेडकर ने खोले और वह नारी और शूद्र दोनों के लिए खोले। देश में यह जो अंधविश्वास है कि लड़की पैदा हो, तो मुक्ति नहीं मिलेगी, मोक्ष नहीं मिलेगा, लड़का पैदा होने पर मोक्ष मिलता है, यह भी एक कारण है और दहेज प्रथा भी इसका कारण है। इन सब कारणों से लड़कियों की भ्रूण हत्याएं की जा रही है। इसलिए मैं माननीय मंत्री जी से अनुरोध करूंगा कि केवल कानून बनाने से काम नहीं बनने वाला है, इसका क्रियान्वयन होने से ही काम बनने वाला है और तभी जाकर इस समस्या से निजात पाई जा सकती है। इन्हीं शब्दों के साथ मैं आपका धन्यवाद करता हूँ । धन्यवाद।

MR. DEPUTY CHAIRMAN: I would like to take the sense of the House. Now we may request the Minister to reply to the debate; otherwise he will not be able to answer your questions. *(Interruptions)*. Please cooperate.

PROF. P.J. KURIAN (Kerala): Sir, I have a suggestion. It is a very emotive subject. I would like to suggest...(*Interruptions).*

SHRIMATI BRINDA KARAT: Sir, let the Minister reply because he has to go.

MR. DEPUTY CHAIRMAN: Let the Minister reply. Rest of the Members can speak after 5 o'clock. *(Interruptions)*. He has to also go. The Minister has an urgent meeting on the occasion of the World Health Day. He has also requested in writing...(*Interruptions)* I don't mind it. But we have the Private Members' Business...(*Interruptions)*

MS. SUSHILA TIRIYA (Orissa): Sir, I will just take one minute...*(Interruptions)* Being a lady Member, Kindly allow me, Sir....(*Interruptions)*

MR. DEPUTY CHAIRMAN: Kindly co-operate with me. Several lady Members have already spoken.

MS. SUSHILA TIRIYA: Sir, I will not take much time. Thank you very much for giving me this opportunity.

The PNDT Act was basically introduced in 1994, but it was implemented in 2003. But, over the years, the sex ratio has declined like anything. In 1991, it was 947; but, in 2001, it was 927. Sir, I heard the speeches of the hon. Members, and they were saying that the sex ratio is lower basically in rural areas, tribal areas and the areas where there is more illiteracy. I have a piece of information which I would like to share with the House. According to the Report of the NCW, the sex ratio has been declining rapidly in States like Chandigarh, Haryana, Punjab and the nearby States. May I ask of the hon. Members of the House: Are these States being considered as illiterate States? Are these States considered as uncivilised States? Here, I want to mention that I come from a rural area, which is a tribal area, of Orissa. I would like to pinpoint that even though the people of our area may not be as literate and as educated as the people of other areas, yet the sex ratio has not declined there. We have to learn from them. I would like to point out here that even though they may be considered as illiterate and less civilised, but they have a greater awareness about the girl child, the value of the girl child. The girl children are more appreciated and more respected in the tribal areas, while in other States, every day we hear cases of dowry, harassment, criminalisation of girl child, etc. Can this sort of harassment, rape, etc. be accepted in the civilised States of North India?

Sir, I would like to put one more query before the hon. Minister. The PNDT Act has been in force for a long time now. There is the Central Supervisory Board, the State Supevisory Board, the Advisory Committee and the Appellate Authority. As regards the Advisory Committee, I would like to know from the hon. Minister how many representatives of NGOs and the people working in specific areas have been made members in this Committee.

Lastly, Sir, as regards termination of girl child, whether it is by doctors or by any authority, it is a punishable offence.

Finally, the Police is also acting *suo motu*. How many *suo motu* FIRs have been filed by the Police Department regarding the violation of the PCPNDP Act.

SHRI TARLOCHAN SINGH (Haryana): Sir, ...

श्री उपसभापति: तरलोचन जी, आप पहले सुन लीजिए और कोऑपरेट कीजिए....(**व्यवधान**)

Please cooperate ...(*Interruptions*) मैं क्या करूं, कोई भी कोऑपरेट नहीं करना चाहता है.... (**व्यवधान**) यह सही नहीं है, विषय वही है और इतना विस्तार से डिस्कस हुआ है ... (**व्यवधान**)

श्री तरलोचन सिंह: सर, मैडम ने जो सजेस्शन दिए हैं, I agree with her. सर, मैं केवल एक ही मिनट लूंगा।

आज जितनी भी बहस हुई है, उसमें 90% यही कहा गया है कि यह सारा कसूर अल्ट्रासाउंड मशीन और डॉक्टर्स का है। But neither are we accusing the mother-in-law nor are we trying to take action against the women और अगर बात यही है तो let the hon'ble Minister, who is a doctor कि एक-दो साल के लिए नॉर्थ इंडिया में अल्ट्रासाउंड बैन कर दिया जाए। दो साल के लिए no test. आप दो साल नॉर्थ इंडिया के अन्दर यह करके देखिए, अगर यह प्रॉब्लम अल्ट्रा साउंड की है। लेडीज की यह अपनी सोशल प्रॉब्लम है कि why people are doing, लेकिन हम उसकी तरफ नहीं देख रहे तो बेस्ट सॉल्यूशन यही है कि नॉर्थ इंडिया में यह बैन कर दिया जाए।

DR. ANBUMANI RAMADOSS: Sir, I rise today in this august House which has deliberated a very emotive issue plaguing this whole country. I perfectly understand and side with the concerns and the considerations of the entire House, not only within the House, but outside the House, in the entire country. The issue of declining sex ratio is not only a medical issue. It is more than a medical issue. It is a social issue. It is a developmental issue. And the very development of India depends on this issue in the long-term basis. On this issue of the declining sex ratio, we have been having a lot of concern in the last century even though this issue was there in selected areas in different parts of the country. But, of late, according to the statistics, which I have given in my statement, I have shown how this ratio has been declining in the last decade, in the last century and, in fact, the child sex ratio in the last decade, from 1991 to 2001, has come down from 945 to 927. So, this is a very, very important issue and the Government, with all the seriousness and the commitment, is definitely taking all steps and measures. But again I feel it is not enough. I agree with the hon. Members whenever they say that the Government is not taking adequate steps. We are taking steps. We are committed. But, then the quantum of

what is required to be done is much more than what the Government could do. I need the support of the entire House to take it up to every level, to the social level in this country. I think, before I answer the queries of the hon. Members, I would like to say what the Government has done, what this Government is trying to do, what the Government wants to do in future also.

And we have come a long way, Sir, and we have brought forward a law, the PNDT Act which was changed to make it Preconception and Pre-natal Diagnostic Techniques Act to and prevent the declining sex ratio. After that, some more things have been incorporated into the Act where we have the Central Supervisory Board, where we have the State Supervisory Board, where we have the appropriate authorities, where we have the advisory bodies; where, at the national level, we have the National Inspection and Monitoring Committees; we have the National Support and Monitoring Cell and how the Government is going in for sensitising the various strata of society—the judiciary, the Police, the doctors, the general public, the NGOs, the student community. Like Dr. Gyan Prakash has said, sensitisation is one of the very important issues which we are trying to do. Of course, how we are trying to restrict the misuse of the ultra sound machines. And, of course, the awareness through the visual communication, both print and visual media, the radios, then, of course, the workshops. A lot of things have been got into the structure in the last few years. And, of course, there is the involvement of the religious leaders. They are playing a major role into this awareness creation. There is also involvement of the NGOs, the civil society, and the people at large. Sir, a lot of things have been going on. But, again, I feel that it is not enough in the quantum of the problem today, and we are also trying our best.

In fact, Sir, on 14th June, next month, we will be having the meeting of the Central Supervisory Board, (CSB) of the PNDT Act. Sir, through you, Sir, I would like to invite all the Members of Parliament to attend that meeting. Especially, the women Members could air their concerns, share their concerns in that meeting. We will be taking into consideration all the concerns brought forth by the Hon. Members. So, this is an open invitation, through you, Sir, to all the Members of both the Houses. The meeting will start at 10.30 a.m. on 14th June. All the Members of Parliament, especially the women Members could come and attend it. This would be an open meeting. They will be special invitees. We will take from there, charter from there, what more we could do. That is one issue.

SHRI UDAY PRATAP SINGH: Where is the venue?

DR. ANBUMANI RAMADOSS: We will inform you about the venue where it will be.

Sir, the second point is, the Government is now trying to decide, or, I could say, it has been decided that in the five most problematic States, like Punjab, Haryana, Himachal Pradesh, Gujarat, Rajasthan, and of course, including Chandigarh, we are going to give about Rs. 5 lakh to each Member of Parliament, both Lok Sabha and Rajya Sabha of these States in the first phase for creating an awareness only for this declining sex ratio issue. This is going to be an every-year event. This is not going to be a one-time event. Let us start with these five States. So, this is, again, Sir, through you, I would like to announce it to the hon. Members that we are trying to involve every section of the society, especially the hon. Members of Parliament to go into sensitisation and to create awareness about this very, very emotive issue.

Sir, again, I come to the National Inspection and Monitoring Committee. Of course, I would be answering the queries of each hon. Member. Then, again, we have co-opted Mr. Maxwell Pereira, the former Additional Commissioner of Police, Delhi into the National Support and Monitoring Cell. This Cell is trying to monitor, in the first phase, these five States which are the major culprit of this declining ratio. Sir, as my colleague, Shrimati Karat has been very rightly saying that even though Delhi is the capital of the country and the most developed society of the country lives here, this is where the most of the problem is even though some part of Punjab is there. But, then, here we have our own capital doing a lot of these things. We need to take a very holistic view of this problem. We are already taking it; and we will be telling what we are trying to do. Of course, there are a few examples in different parts of the country where they have been doing well. Like in Hyderabad, there is a Collector called Arvind Kumar. By his initiation, he has now set a trend where just following the same law, without any modification under the PNDT, in the last year-and-a-half, there has been an increase in the birth of girls or females in the Hyderabad city. This is just one example where there is some positiveness in this on-going problem, all over the country.

SHRI K. KESHAVA RAO (Andhra Pradesh): Rupee one lakh incentive is given. ...(*interruptions*)...

DR. ANBUMANI RAMADOSS: We will have a presentation on June 14. We will deliberate in that meeting as to what we could do in the future.

Sir, coming to the queries of the hon. Members, Miss Anusuiya Uikey has set the trend by saying that the ultrasound machines are responsible for this declining sex ratio. I do not want to blame the ultrasound machines for this. Sir, today, the ultrasound machines have been saving millions of lives in this country. In fact, as a doctor and as a Health Minister, we cannot put the blame on the ultrasound machines as such because we need more machines in this country. We have, approximately, 28,000 registered machines; but, again, you need some more machines in the North-East because maternal mortality rate in this country is one of the highest in the world, and infant mortality is one of the highest in this region. I think, we should not put blame on the ultrasound machines at all. We have to regulate these machines, we have to regulate the entire doctors. That is what we are trying to do and not to blame on the machines.

Of course, the hon. Member, Shrimati. Anusuiya was saying that the Government has not taken notice of the NCW complaints. Definitely, we have taken the notice. We are acting against what all complaints we have been receiving. But, then again, we give them to the State Governments. Some States take action and some States do not. We are trying to request the States at my level, at my Secretary's level. We have written a lot of letters, communications are sent and it has been going on. Of course, she is right in saying that the better performing States—like Punjab, Haryana, Himachal Pradesh and Delhi, of course—are the major culprits in this. The States have the maximum ratio difference and, in fact, the hon. Member Shrimati. Sushila was very right and I commend her when she said that in the tribal areas in Orissa, the ratios are much, much higher than the developed States. Of course, she has also rightly said that all the Members should join hands. Also urge that not only all Members but also the general public and all the political Members should join together to take up this issue.

Shrimati. Karat has put up very valid points and definitely, we will consider all these points, especially about the points which she made on Delhi and she has been very right in saying that there has been a drastically fallen

ratio in Delhi. I will give you some details about some of the centres where we have asked the State Governments to take action. Some States have taken action but then, again, some States are yet to take. We are still persisting. But, then, again, as I said, we are trying to now look into how we can still further enforce this Act itself, how we can have more teeth to that, how punishment could be increased, and all that. On June 14th, I think, we will be taking a decision. request all the Members to join and give their comments and assessment on how we can still further strengthen this Act.

Of course, Shrimati. Karat was saying that this is not being taken as a national mission. The suggestion is well taken. In fact, my Prime Minister and Madam Sonia Gandhi and we have been very much focused on this issue and they have been guiding factors for us and we are trying to take it in a mission mode. And the suggestion is well taken and we will be again putting it out on a national mission concept-like.

Shri Shahid Siddiqui has said about an inter-Ministerial concept meeting where we have to call up the Ministers. On this issue, I would like to say that Shrimati. Renuka Chowdhury is going to be the co-Chair of the CSB. Again, on June 14th, we will be announcing on that. We are trying to link up with the other Ministries in this. Of course, Shrimati. Karat was saying about the dowry role in it. In fact, in my answer I have said that this is a part of the social problems the country is facing. Not only with the help of the Ministry, but also with the support of the entire society, at large, this can be addressed. Of course, she was talking about the mobile ultrasound units. Yes, we are going to take some decision on the mobile ultrasound machines, at least in these five States. We are even taking a decision on whether we can completely ban it in these five highly problematic States.

SHRIMATI BRINDA KARAT: I have not asked for a ban on it.

DR. ANBUMANI RAMADOSS: No, in the last meeting itself, we had taken a view that these mobile ultrasound machines are one of the major factors on this issue. In fact, in the last meeting itself, we had considered whether we can ban it in these five States. We will soon be taking a decision on that. Of course, she was talking about the preference of son, which is again a social factor, which has been going all along for centuries. It has been going on. We have to change it holistically. Of course, she was speaking about the Health Ministry. She wanted to make the National

Rural Health Mission into a population control mission. I would definitely deny what she is saying. Sir, the policy of the Government is, we are not going to enforce, we are not going to force anybody, we are not going to coerce anybody into having these population stabilisation procedures but it is the duty and responsibility of the Government to stabilise the population. Otherwise, according to us and according to me this is the biggest problem. Population is the biggest problem against the development of this country. So, we have to take measures but without coercion, without forcing anybody by providing awareness. That is what the NRHM is trying to do. NRHM is not only for population, it is just for bringing the infant mortality rate down, maternal mortality rate down. Population stabilisation is one part of it. It is not that the entire thing is going to be taken over by the population control procedures. Of course, she has been asking what action has been taken by the CSB and the appropriate authorities in this country? I could say that there is big list which I could give to her about the CSBs which we have been frequently meeting and about the appropriate authorities and of course the National Support and Monetary Cell where we have been going to all the States, especially States like Maharashtra, Punjab, Haryana, Himachal Pradesh, Delhi. In fact, there have been three to four visits to Delhi and other areas like Gujarat, Andhra Pradesh, West Bengal and of course, Director PNDT visited Karnataka, surrounding Bangalore. These are some of the issues. We have a big list of things, which we are trying to do, and which we have done also. So, the National Inspection and Monitoring Committee, has been reconstituted and again like I have said, we have put up new members. And the hon. Members asked about how many NGOs are involved. I will get back to her. Quite some NGOs we are trying to involve. In fact, we have added the National Commission of Women into this CSB and in fact, we are trying to involve more women Mambers of the Parliament also into this CSB and we will take a decision on that. In fact, she has been asking how many doctors have been convicted till date. it is very unfortunate that we have come over these years and that till date about one doctors has been convicted. It is very unfortunate and it is a shame on the part of the Government. I accept that till date only one doctor has been convicted. But, Sir, I assure you within the next few weeks to few months more of them will be convicted and we are very committed to that. In fact, I would like to thank the visual media for playing a major role. In fact, the National Support and Monetary Cell is going for sting operations to entice and catch hold of those people who are circumventing this law.

SHRIMATI BRINDA KARAT: Are you taking action on the sting which is done on the doctors.

DR. ANBUMANI RAMDOSS: I am coming to that. I have a whole list, which I will be giving to you, or reading to you what we are trying to do on that. We are deciding on June 14th whether the law needs to be changed, whether more punishment needs to be there and we are already sensitising judiciary how to go about this. In course, we are talking with the Indian Medical Association and all the Medical Boards. In fact, that query which she has put about the Medical Council of India about the Clause which is not effective, we will change that Clause because nobody should get away from law.

SHRIMATI BRINDA KARAT: What is the time frame? From 2003 to 2006 it has not been changed. I will be very happy if...

DR. ANBUMANI RAMDOSS: I have given you an assurance in Parliament that we will change that Clause so that nobody should get away. Everybody is same under the law. Definitely, action has to be taken and severe action will be taken against the erring doctors. There is one problem here. They are accomplices, the person who wants to get this done and the doctors are both accomplices. That is why we need to go for the sting operation like episodes. Coming to the episode where the hon. Member said about the sting operations. In fact, Star News carried out a story in March 2006, where they said that Gynaecologists located at Patna, Ghaziabad, Noida and Delhi agreed to conduct female foeticides. I can even read the names if you permit me. In the centres, which have been taken up by the Star News—I can lay it on the Table—the gynaecologists and the lady doctors agreed to conduct female foeticides. My Secretary had written letters to the Chief Secretaries of U.P., Bihar and Delhi to take adminsitrative action. The replies from Bihar and U.P. are a little vague. In the case of Delhi, case has not been filed so far against Dr. Ajay Lekhi on one the pretext or the other. However, they have sealed his clinic and informed the same to the Metropolitan Magistrate. We will be following this up.

Sir, CNBC has carried out another operation on 17-18th February, on Kohli Imaging and Diagnostic Centre in East of Kailash.

PROF. P.J. KURIAN: Why only administrative action? Why not criminal action?

DR. ANBUMANI RAMDOSS: The State Government has to do. We have requested the State Government to initiate action against them.

MR. DEPUTY CHAIRMAN: They have written to the State Government to initiate action. आप बाद में पूछ लीजिए।

PROF. P.J. KURIAN: If the State Government don't do, then, what do you do?

DR. ANBUMANI RAMDOSS: They State Government has to do ....(*Interruptions*)... The bodies are under the State Government ...(*Interruptions*)...

SHRIMATI BRINDA KARAT: I have given the details. The women's organisations have met them only the day-before-yesterday. They have not done anything till now. What will they do?

MR. DEPUTY CHAIRMAN: He will initiate action.

DR. ANBUMANI RAMDOSS: Yes, We will, definitely.

The Government of Delhi sealed the clinic and informed the court. But, the case has not been filed in the court so far on one pretext or the other in spite of a regular follow up. We are trying to follow up these cases. As I said, we will decide. In fact, when we meet next month we will sort out what course of action to take, because the CSB is the body which has to take action whether to change the Act or rules and regulations.

Sir, Sahara, in April, telecast a programme in which over 100 doctors were found violating the law. It showed this, in different episodes, ranging from Rajasthan, MP, UP, Gujarat. Subsequently, we have written to these States about this telecast. It is learnt that the Director, Family Welfare, Rajasthan, filed an FIR against 20 doctors and one ANM and the case has been handed over to the State CID. Similar action has been taken taken in two cases each in Gujarat and Madhya Pradesh. But, this is not enough. I am not satisfied with this. We will be taking it up with the respective States and the other bodies concerned.

Sir, the hon. Member said about the CSB functioning only as a supervisory body and not taking any action. Again, I invite the hon. Member to attend the next CSB meeting and give us her comments. Then and there we will take a decision as to how we could restructure the CSB, how

much more teeth we could give to the CSB. She was also saying that the health Ministry should be more effective in this. Definitely, Sir. With her guidance and support and also support from the other hon. Members we will become more effective. They can come to me any time and give us their suggestions. We will definitely, take up all these Sections.

Sir, hon. Smt. Prema Cariappa raised about the registered and unregistered centres. Today, we have a very stringent and strict pattern of regtistration of ultrasound machiens. Not only ultrasound machines, but also other machiens which are involved in these procedures. We have 28,000-and-odd registered ultrasound machines. To register a machine, we have a form called Form-F. It is a very, very strict and stringent form where we have complete details of each and every case. All patients' information is there. So, we are trying to computerize the whole procedure. The Hyderabad success story is because of computerisation adn effective implementation of that. So, we have a success story. We need to do that and we are trying to do it and it will be done in the due course of time. Even if an old machine is to be replaced, the manufacturing company should get permission from the Governmient to replace the existing old one. So, I don't see any unregistered machines. Very, very few unregistered machines are involved indiscreetly. If the hon. Member has got any such information, I request her to send the same to me we will take severe action against them. Of course, she has also bee saying that because of the declining sex ratio, the other social issues like rape has gone up in this country. She may be correct to a certain extent, because, in a village in U.P., due to non-availability of women—in fact, it is only hearsay; I don't know how far it is true—one women married to four men. I don't want to misguide the House. I would, again say that it is only hearsay. One girl was married to four men. So, I think, a situation is going to come in the country where it is going to be a huge, huge social problem if the whole community is not put on the act together.

Then, she was mentioning about an article regarding 0.5 million missing girl children. Sir, we have also gone through the article. It is partly true, but it is an exaggerated article. We have written to them also, asking them on how and on what basis they have arrived on this conclusion.

She also said that the punishment was not enough. Yes, we also feel that the punishment is not enough. We will take a decision how we could

still further change the rules and regulations, and if necessary, the Act also to have more legal and penal provisions.

Then, hon. Member, Shrimati N.P. Durga, raised a point about abortions. Yoyu can't ban abortions. That is requisite in the society. We have MTP Act, 1972. Then, there are a lot of medical cases which need the abortions. We just can't ban abortions.

The hon. Member also raised about female foeticide. There is not only the female foeticide, but infanticide also. It starts from conception, then, it is so and so foeticide, then, comes the infanticide. All the three factors are there. These have been more in educated masses. Yes, you can see the figures of Delhi, which is the most developed society. We will have to hit the mainstream of that.

She also asked whether any studies have been made about the North and the South India. It is a good suggestion and well taken. We will ask what are the issues in the North and the South India. In fact, we can't say it is the illiteracy problem because, then, we have the States like Punjab, Gujarat, Haryana and Delhi, which have problems like this.

Then, she raised the point about the sting operations and asked whether medical licences have been cancelled or not. We are taking action, which I have already elaborated.

Then, she wanted to know how many fields visits are being done by the National Inspection and monitoring Committees. As I have already stated, they have gone to a number of States. And, they will still be going around the entire country, not only these five States.

The hon. Member also suggested that the nutritional status of the girl child should improve. Though we are not directly associated with this issue, yet it is a matter of concern for not only her, but also for all of us. We are trying to improve it. We are trying to have adolescent health programmes, where right from the adolescent age the girl child is given preference and given food supplement so that when she attains the age of marriage, she is fit enough.

She said that the Medical Associations have failed to control these activities. Partly, I would like to agree with the hon. Member about the Medical Associations because it is their own counterparts who are trying to do this. So far as the issue about the appropriate authorities is concerned,

3.00 P.M

for the last few weeks I have been saying that the appropriate authorities at the district level are being headed by a medical doctor. So, this is again a part of the problem. In the next CHD meeting, we are going to address this problem as to how we could have more people from the legal fraternity, of social status. Some personnel could be involved in this.

So far as the point whether the IEC could be improved is concerned, we are already doing a lot of Information, Education, Communication (IEC) activities. Film personalities, sports personalities and other prominent personalities are being put to use in both, visual and print media. Communication messages awareness has been done. But, again, I feel it is not enough, we are trying to increase it.

Dr. Gyan Prakash said that everybody, in this House, is on one side not only in this House, but in the other House also. He emphasized on sensitizing the parents, doctors, the Medical Council of India, and the Administration especially the District Magistrate and the Superintendent of Police. We have already been doing it. In fact, national consultation was done with Judiciary in Bhopal. We have written letters to all the District Magistrates of more than 600 districts. We are sensitizing the police, sensitizing the students at the school level curriculum. Of course, NGOs, public and everybody are joining together.

Shri Perumal was talking about the achievements made in Tamil Nadu, and what happened in Tamil Nadu about the Cradle Baby Scheme. In some districts in Tamil Nadu like Dharmapuri and Salem this trend has reversed. In Dharmapuri and Salem districts, at one time, infanticide and foeticide was the highest in the country. In the Dharmapuri district, both infanticide and foeticide was there. But over the past 10 to 15 years, a lot of awareness concepts have been taking place in these districts and, today, there has been an increase in the trend in these districts.

Mr. Shahid Siddiqui was very right in saying that on the one side the country is developing at a rapid pace, there is economic development, and on the other hand, we have a declining sex ratio and the number of women is declining. He was right in saying that there is not only health problem but there is a social problem. He was saying that the middle classes and the lower middle classes were the ones who have been doing this. But, not only this, even the upper classes and the very rich have been doing this.

Only the lower strata of society are the ones who have not indulged much, much into this activity. This is according to the report which has come from the Ministry. He was also right about dowry. He wanted an inter-ministerial committee to be set up. It is a good suggestion. We will try to consider that according to the logistics. We have already co-opted the WCD Department. In fact, hon. Minister, Mrs. Renuka Chowdhury, is going to be the Co-Chair. We are going to announce it in the CSB meeting on June 14. So, we are going to have more interaction.

Prof. Alka Kshatriya mentioned about dowry and marriage. We all accept that it is an accepted fact. She was giving a starting figure about the Patel community where there are about only 525 girls for thousand boys. We will, definitely, look into this issue. It is a startling figure which has been mentioned. If she could give more details about the area where it is there, we can, definitely, take a lot more action. She was saying that the law should be more pro-active. Yes, I agree, we need a little more changes. Sir, we are involving religious leaders and political leaders. I have also participated in a lot of programmes involving religious, local leaders also.

Prof. Ram Deo Bhandary was also saying about comparing the States, the better performing with the other States, where the problem is there in better performing States. He was worried about licenses. We are saying that we are going very strict in the license pattern also. He was also concerned about the implementation of the law.

Mr. Gandhi Azad has said that law should be implemented fully. Yes, I accept it. I am with him. If there is a need for change, we are, definitely, we want to prevent that happening, we will definitely, go through that.

Mrs. Sushila has mentioned about tribal areas about which I have already mentioned. She wanted to know how many NGOs have been represented on these committees. Definitely, I will tell her how many NGOs are there on these committees.

Sir, definitely, I would like to assure the House, through you, that we have initiated the girl child campaign to save the girl child with Miss. Sania Mirza, Ms. Aruna Keshavan and recently Ms. Jyostna Chinnappa, and we are having a lot of programmes at the school level. They have been the brand ambassadors. They have been going around. In the visual and print media a lot of awareness concepts have been going on. But, again I come

back to the same point that this not enough because only the Health Ministry is doing this. In fact, the hon. Prime Minister and Mrs. Sonia Gandhi have been more pro-active and said that all the Ministries should take a more positive view on this. Cutting across all political parties, they should come forward.

Mrs. Brinda Karat was saying that it should be taken at the National mission level. That suggestion is well taken. Definitely, we will take it at that level. With these words, once again I would like to assure the House, through you, Sir, that we are giving more than hundred per cent commitment to this issue. This is a very, very emotive and social issue. This is a development issue in the sense that our country's future depends on how we tackle this issue. We are going at it very, very seriously. The support and advice of all the hon. Members, we will see how well we could still further strengthen this Act, and find out the ways and means how we could prevent these things from happening. Thank you, Sir.

MR. DEPUTY CHAIRMAN: The reply was very exhaustive..(*Interruptions*).. The hon. Minister has invited all of you to the 14th June meeting. All questions can be addressed there. The hon. Minister has made an open invitation to all the Members of Parliament.

श्रीमती विप्लव ठाकुर (हिमाचल प्रदेश): सर, वन क्लैरीफिकेशन।

श्री उपसभापति: क्या क्लैरीफिकेशन है, पूछिए।

श्रीमती विप्लव ठाकुर: मैं माननीय मंत्री महोदय से जानना चाहती हूं कि क्या हैल्थ मिनिस्ट्री ने कोई ऐसा सर्वे कराया है जिसमें पढ़ी-लिखी लेडीज जो शहरों में रहती हैं, मिडल क्लास की हैं या एलीट क्लास की हैं और जो गांवों में रहती हैं, उन में इस की तरफ जाने में फर्क है? सर, जो हमारी आंगनवाड़ी और फीमेल हैल्थ वर्कर्स गांवों में रहती हैं, क्या उन के लिए आप ने इस संबंध में कोई कम्बाइंड मॉनीटरिंग का प्रोग्राम बनाया है?

सुश्री अनुसुइया उइके: महोदय, माननीय मंत्री जी ने सभी माननीय सदस्यों का जवाब बहुत ही सार्थक तरीके से दिया है, इसके लिए मैं उन्हें धन्यवाद देती हूं। महोदय, माननीय मंत्री जी ने एक बात कही है कि मैंने अल्ट्रासाउंड के ऊपर आरोप लगाया। मैं माननीय मंत्री जी से कहना चाहती हूं कि मैंने अल्ट्रासाउंड के ऊपर आरोप नहीं लगाया। दरअसल मां-बाप बेटे की लालसा में भ्रूण परीक्षण कराते हैं। उस पद्धति का मिसयूज करते हैं। मैं यही कहना चाहती हूं।

श्रीमती माया सिंह (मध्य प्रदेश): उपसभापति महोदय, मैं मंत्री जी से कहना चाहती हूं कि कन्या भ्रूण हत्या को रोकने के लिए कई तरह की कमेटियां बनीं, सरकार की तरफ से कई कानून बने, उन

कानूनों का सख्ती से पालन के लिए प्रयास किए गए और भी अन्य तरीके अपनाकर इस बारे में काम किया जा रहा है। लेकिन राज्यों में जो जिला स्तर पर मेडिकल ऑफिसर होते हैं, उन में इतना साहस नहीं होता है कि वे किसी डायग्नॉस्टिक सेंटर के खिलाफ कोई मामला दर्ज करें। इस तरह ज्यादातर मामले जानकारी होने के बावजूद दर्ज नहीं होते। इस के आलावा मी॰एन॰डी॰टी॰ एक्ट में पुलिस को रखना भी जरूरी है क्योंकि अभी तक ऐसे मामलों में एफ॰आई॰आर॰ दर्ज कराने का जिम्मा जिला मेडिकल अधिकारी का होता है। इस में पुलिस अधिकारी को भी जोड़ा जाना चाहिए। इसी तरह से कई जगह जो जिला मेडिकल अधिकारी होते हैं, उनकी कार्यशैली ठीक नहीं होती। वे डायग्नोस्टिक सेंटर्स से मिल जाते हैं और कई मामलों में जानकारी के बावजूद, लोगों के द्वारा शिकायत दर्ज कराने के बावजूद उन सेंटर्स पर कोई कार्यवाही नहीं होती है। दरअसल ऐसे मामलों में तीसरे पक्ष यानी महिला स्वयंसेवी संगठनों को भी जोड़ा जाए। फिर जितने मामले दर्ज होते हैं, उनकी सुनवाई भी जल्दी होनी चाहिए। जो मामले लंबित होते हैं, लोग उन में पैसे ले-देकर छूट जाते हैं। इसलिए ऐसे मामलों में निर्णय जल्दी होने चाहिए।

महोदय, मैं आप को दिल्ली के बारे में बताना चाहती हूं कि 75 मामलों में से 69 मामलों में रिपोर्ट दर्ज की गयी। उन में अल्ट्रासाउंड मशीनों का पंजीकरण न कराने के 69 मामले थे। ये सब बिना पंजीकरण के चल रहे थे जबकि पी॰एन॰डी॰टी॰ एक्ट के तहत उन का पंजीकरण अनिवार्य है। ये आंकड़े मंत्री जी आप के पास मौजूद हैं, ये मैंने सरकार से ही लिए हैं। इस तरह के 69 सेंटर्स बिना पंजीकरण के चल रहे हैं। इन पर रोक कैसे लगायी जाए, इस पर भी आप ध्यान दें।

DR. ANBUMANI RAMDOSS: Sir, the hon. Member has asked whether any study has been done about the affluent or the educated masses. There has been a study done in Delhi as compared to Indian figures, about the illiterate and literate mothers. It pertains to just a part of the answer to the question put by the hon. Member. As regards education of mother at primary level, the sex ratio in India is 909; in Delhi it is 904. At middle level, it is about 894 in India, and in Delhi, it is 859. And, where the mother is metric, in India, it is about 885, and the Delhi's figure is 825; and where the mother is a graduate, in India, the figure is 867, and Delhi's figure is 797; and where the mothers are graduate and above, India's figure is 876 and Delhi's figure is 815. Sir, this is just one small study. But, then, if there are more studies, definitely, I will give it to the hon. Member. For more details, Sir, I would say that for the first time we have the Annual Report, the first Report of the implementation of the Preconception and Pre-natal Diagnostic Techniques Act, and all Members of Parliament will be given a copy of this. We will be giving it to all Members, and all the information about individual districts, district-wise, has been there till last level, as to what is the ratio, what steps are being taken, and what is the involvement, etc. Other information like addresses and phone numbers of all the appropriate

authorities at the district level has also been given in this Report. That means, everything has been given there. I think, we will take it up.

With regard to the observation of the hon. Member that at the local level, the District Magistrate and the Police, sometimes, are hand in glove with the doctors, I would say that again there is money power in individual district, and, for this, I would like to say that the body should be strengthened more so that authority shouldn't play a major role in the structure as such. So, the sensitizations going on at the Police level, at the judicial level, at the Magistrate level, and at the district level. We are also trying to strengthen the existing law and give more teeth to the appropriate authorities, so that they could take a decision on that. So, I think, in the next meeting, we will be taking a decision to see how we could proceed further in this regard. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Are you aware that sixty-nine machines are not registered in Delhi? That is the major point that she has raised.

DR. ANBUMANI RAMDOSS: Sir, I am not aware of it. I will definitely look into this issue. ...(*Interruptions*)...

GOVERNMENT BILL

The Apprentices (Amendment) Bill, 2006

THE MINISTER OF STATE IN THE MINISTRY OF LABOUR AND EMPLOYMENT (SHRI CHANDRA SEKHAR SAHU): Sir, I move for leave to introduce a Bill further to amend the Apprentices Act, 1961.

The question was put and the motion was adopted.

SHRI CHANDRA SEKHAR SAHU: Sir, I introduce the Bill.

STATEMENTS BY MINISTERS

The Status of Implementation of Recommendations contained in hundred and sixtieth, hundred and sixty-second, hundred and sixty-third, hundred and sixty-seventh, hundred and seventy-first, hundred and seventy-third and hundred and seventy-fifth Reports of Department-related Parliamentary Standing Committee on Industry

लघु उद्योग मंत्री तथा कृषि और ग्रामीण उद्योग मंत्री (श्री महावीर प्रसाद): महोदय, मैं विभाग-संबंधित उद्योग संबंधी संसदीय स्थायी समिति के 160वें, 162वें, 163वें, 167वें 171वें,